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Buy for the Sake of your Baby: Guardian Consumerism in Twentieth Century America

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**BUY FOR THE SAKE OF YOUR BABY: GUARDIAN CONSUMERISM IN
TWENTIETH CENTURY AMERICA**

by

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Submitted in Partial Fulfillment of the Requirements

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DEDICATION

To Eliana VanDriel

ACKNOWLEDGEMENTS

I was introduced to the study of history by taking on the major as a transfer student to a new university with the intention of finishing a program in a single academic year. The condensed nature of this program blessed me by intense introductions to passionate historians who shared their craft with me. Steven Seegel, Aaron Haberman, Joan Clinefelter, and Marshall Clough at the University of Northern Colorado were magnificent inspirations and educators. I am especially grateful to Steven for his hard realism and tough talks about the challenges of academia. I was well warned and prepared for all of the unpleasant parts of graduate school, an exceptional courtesy he certainly did not need to provide.

At the University of South Carolina, I am particularly grateful to Andrew Berns, Tom Lekan, Adam Schor, Lauren Sklaroff, Saskia Cohen Snyder, and Laura Woliver for fostering my intellectual development.

My dissertation was completed due to the patient guidance of a wonderful committee of historians. Marjorie Spruill provided direction and patient editing and went beyond the call of duty to help me better explore a topic that at times seemed far too ambitious. Joseph November, Kent Germany, and Deanne Messias advised me throughout the research and writing process.

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cultivated my own, and he provided invaluable early advice and encouragement as this project developed.

My first communication from the University of South Carolina came from a letter from the late Ann Johnson. She was also the first person I met in person at the university, the person who convinced me to attend USC, and she provided invaluable early career and teaching advice. She was a model ambassador for higher education in the humanities, a caring teacher and a kind friend. I am grateful to have had the opportunity to learn from her.

This project required many different kinds of historical research, and I received the assistance of some wonderful researchers along the way. The reference and Interlibrary loan staff at Thomas Cooper Library provided invaluable aid. I am especially grateful to Bill Sudduth for assistance navigating government documents. At the USC Library Annex, James E Weeks Jr provided exceptional help to my requests for series of old magazines and space in which to study them. The staff at Syracuse University Libraries was patient and prompt in responding to my numerous requests. I appreciate archival assistance at the National Museum of American History, the American Philosophical Society, The University of Illinois, and Depaul University. I am particularly grateful to Charles Greifenstein for allowing me to conduct research with pre-processed archival material. Robert Allen provided helpful assistance with the history of Fort Lewis. Casey Anis provided helpful answers and context on constitutional law.

A project that is about conventional wisdom cannot be written without nearly endless outside input. I am extraordinarily grateful to the friends and family who put up

with my pestering questions, provided invaluable insight about society, and made challenging suggestions. I especially thank Michelle Watkinson, John Deneen, Alzbeta Volk, Daniel Volk, John Volk, Steve Monroney, and Lara Nield. My brother Matt VanDriel and his wife Josie provided many patient answers to my questions about the legal profession and politics. My parents, Bryan and Marcia VanDriel, put up with far too many long drawn out explanations from me, patiently read over incomprehensible drafts, and gave kind encouragement and keen insight.

Conversations in 2010 with Andy Peterson and his mother Dorothy Peterson inspired me to think much harder about what normative parenting is, and how the American culture established these norms. I have barely scratched the surface of the history they have inspired me to try and tell, so I suspect I will end up owing most of my entire career to their insight.

I was blessed to have many wonderful friends and colleagues to ease the journey through graduate school. I thank Matt Fink, Megan Bennett, Carter Bruns, Robert Greene, Evan Kutzler, Kaitlin Mans, Tim Minella, Rochelle Outlaw, Randall Owens, James Risk, Jennifer Taylor, Ali Nabours, and Chaz Yingling for their friendship, collegiality, and solidarity that made my years at USC some of the best of my life.

I did not expect at the beginning of graduate school to end it with new friends like I have found in Katherine McFadden and Erin Holmes. They provided six years of hilarity, sanity checks, and solidarity. I am proud that they were present for the most embarrassing moments of my life. They have consistently provided helpful feedback on matters both academic and personal. I am happy to call them the best of friends. I know they will both have illustrious careers, and cannot wait to see what lies in store.

I originally planned to finish this dissertation before starting my family, so that I would have a finished product that I could then reconsider after having had children of my own. I am grateful every day to my daughter Eliana that I did not stick with the plan. I am also grateful to Lori Vann, Janie Campbell, Rebecca Tucker, Carrie Kerfonta, Allison Kretchmar and Andy Kretchmar for watching Eliana so I had time to finish this project.

My delightful wife Erika made this entire process possible. She provided endless support, kindness and encouragement throughout the writing process. She tolerated long separations for research and many days of acting like a single parent due to this project. Thank you for every single day we have shared together.

ABSTRACT

“Buy For the Sake of Your Baby” argues that consumerism for infants in twentieth century America was an exceptional type of consumer society. Because the parents who bought the consumer goods could not effectively communicate with their children who used these products, parents frequently purchased items for their babies as acts of good parenting. These parent consumers wanted to do what was right for their children, but because they could not effectively communicate with their children, they were particularly susceptible to influence from outside groups. Businesses, non-governmental organizations, and the federal government recognized throughout the twentieth century how to effectively sell to these concerned parents. By doing this they created new marketing paradigms. Through thematic examinations over time of advice to parents, nutrition for infants, safety in automobiles, and attempts to adjust the genetic materials of infants through eugenic efforts, I demonstrate the growth and contours of this unique consumer activity. The increased role of experts in parental education and parenting decisions, along with American ambivalence about the government mandating what they do with their families, establish the foundation of this work. Using influential parenting sources such as Dr. Benjamin Spock and the La Leche League, as well as advertising materials from across the nation, my dissertation explains how becoming a new parent developed into an exceptional American consumer activity during the twentieth century.

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LIST OF ABBREVIATIONS

| | |
|-------------|--|
| AI | Artificial Insemination |
| EMIC | Emergency Maternity and Infant Care |
| ERO..... | Eugenics Records Office |
| IBFAN | International Baby Food Action Network |
| IVF | In Vitro Fertilization |
| LATCH | Lower Anchors and Tethers for Children |
| LLL | Le Leche League |
| LLLI..... | Le Leche League International |
| NHTSA | National Highway Traffic Safety Administration |
| SSA | Social Security Act of 1935 |

CHAPTER 1: INTRODUCTION

My great grandparents had thirteen children. My grandparents had seven children. My parents had three children. Statistically I am most likely to have two children. This family history mirrors that of the typical American family, which has continued to shrink over time. Family size in the United States has continued to shrink in slow but predictable ways since the end of eighteenth century. The decline in the birthrate was temporarily interrupted by a post-World War II baby boom, but resumed around 1960.

One of the main drivers of this phenomenon is parental worry about the cost of raising children. Parents typically delay having children when exposed to economic concerns precisely because they are unwilling to risk the inability to adequately provide for their children. This has led to a long-observable trend of prospective parents having children later and later in life.

The cost of deferring the age at which Americans have children is considerable. In the United States over forty percent of women in their forties and fifties had fewer children than they desired by 2014. This is a trend that has grown since at least 1975 (survey data from prior years is not available to answer the question directly, although indirect methods suggest that the trend is new to the post-war era as a national

phenomenon and previously most women ended up having the number of children that they wanted).¹

Since 1960 the US Department of Agriculture had been providing cost estimates for raising a child. During that time the cost per child has risen from \$25,230 to \$245,340. In this same period, however, the median family income has increased from \$5,600 to \$55,775. This means that the cost of having a child in terms of income has gone from approximately 4.5 year's income down to 4.4 year's income. Thus the cost of having children has remained essentially the same since 1960. Yet, while the cost has remained the same with regard to income, the worry prospective parents have about those costs has consistently increased over time.² These worries are far from benign since they have prevented almost half of American women (and an unmeasured number of men) from accomplishing their critical life goals.³

¹ Gretchen Livingston "Birth rates lag in Europe and the U.S., but the desire for kids does not," Pew Research Center Fact Tank, April 11, 2014. <http://www.pewresearch.org/fact-tank/2014/04/11/birth-rates-lag-in-europe-and-the-u-s-but-the-desire-for-kids-does-not/> accessed 2/25/2017. Janet Currie and Hannes Schwandt, "Short- and Long-Term Effects of Unemployment on Fertility," *Proceedings of the National Academy of Science*, vol. 111, no. 41, October 14, 2014, 14734–14739. There is a bias inherent to this type of survey that is worth a brief note, namely that most people incorporate children they already have into their childrearing plans. This means if a woman wanted two kids but had a third, she will generally rewrite her history to have wanted the third, and thus will reply to surveys that she wanted three children. The same phenomenon does not occur for having fewer children than women wanted.

² In this context parents means mothers. Demographic and social surveys have historically excluded men from surveys about parenting and family size. This allows simpler calculations, because in basically every case women know exactly how many children they have had, while men have more uncertainty in this.

³ The cost of a child is calculated for the first child. Additional children generally have lower costs, and some studies and surveys have attempted to correct for this difference, however the results have been inconsistent and use different methodologies than those the Census Bureau has consistently used for fifty years. The multiple child discount is generally found to be approximately 20% for the second child, with smaller decreases after that. See Bureau of the Census, "Current Population Reports: Consumer Income,"

Policy makers have been concerned about childbearing, parents' reproductive choices, and how to influence them has been a concern of policy makers since the nineteenth century. In Europe it was relatively common for the state to take an active role in researching population trends and policies. However, in the United States policy makers have tended to take a more hands-off approach to these matters. Since World War II research relating to these concerns has been driven almost entirely by foundations and charitable organizations, in lieu of efforts led by the government. Critical work in undertaking and implementing population policy studies was done by the Rockefeller, Ford, Carnegie, Markel, Commonwealth, Old Dominion, Alfred Sloan, New York, Henry Nias, Smith Kline, and French, Ottinger, and Gleich foundations, as well as the Pathfinder Fund, Salisbury, Sunnen, John Linsley, Larned Johnson, and Rosenstock Foundations. Much of the work the foundations have supported has been coordinated by the Population Council, a nongovernmental organization established in 1952 by John Rockefeller III. While these foundations made the United States the world leader in researching and creating policies related to population dynamics, the approach had limitations. Because of the horrific problems caused by the American eugenics movement (supported by many of the same foundations and because of the same fundamental concerns), foundations in the mid-twentieth century reformed their scientific grant-giving processes to focus on scientifically-based studies with tangible and discreet goals. Functionally, this limitation meant that the organizations that would potentially fund research about the perceptions Americans had about the cost of having children

Series P-60, No. 36, June 9, 1961; Kirby Posey, "Household Income : 2015" *American Community Survey Briefs*, ACSBR 15/02 September 16, 2016; Mark Lino, "Expenditures on Children by Families, 2013" U.S Department of Agriculture, Center for Nutrition Policy and Promotion, Miscellaneous Publication No. 1528-2013.

were specifically trying to move their grant giving processes away from intangible goals. As a result of these choices, contemporaneous study of the phenomenon was lacking.⁴

While historians have long examined both pronatalism and antinatalism, these studies have tended to follow discrete programs. In 2001 Donald Critchlow demonstrated how many pro-choice political operatives intended their advocacy to result in fewer children being born. In 2006 Kimberley Morgan showed how childcare policies fell apart in the seventies because of the general political atmosphere which became increasingly hostile to welfare state programs and big government. Laura Lovett's 2007 *Conceiving the Future* magnificently chronicled programs that the federal government used to promote procreation among those perceived to be the most physically gifted. While to some extent each of these historians study family perception, these perceptions are directed through proposals and judging the efficacy of programs for achieving specific political goals. These historians avoid the nebulous challenge of consideration of the roles these policies had in shaping the broader parenting culture, and certainly do not

⁴ There are many histories of the American eugenics movement. Edwin Black, *War Against the Weak: Eugenics and America's Campaign to Create a Master Race* (New York: Four Walls Eight Windows, 2003) is probably the most aggressive, while Lutz Kaelber's website "Eugenics: Compulsory Sterilization in 50 American States" <http://www.uvm.edu/~lkaelber/eugenics/> is in many ways the most comprehensive. For consideration of the legacy of eugenics see Ruth Schwartz Cowan, *Heredity and Hope: the Case For Genetic Screening*, 12-70 (Cambridge, Massachusetts: Harvard University Press, 2008) and Diane Paul, "On Drawing Lessons from the History of Eugenics," in Lori Knowles and Gregory Kaebnick eds, *Reprogenetics: Law, Policy, and Ethical Issues* (Baltimore: Johns Hopkins University Press, 2007), 3-19. For the dynamic between foundations and population policy see Frederick Osborn Papers, American Foundations and Population Problems – box 17, American Philosophical Society.

consider that parenting culture from a holistic perspective. Their topics were discretely political, so broader questions about family life were outside of their focus.⁵

Many of the issues relevant to this study are part of larger political discussions. Those larger discussions have seen excellent recent historical scholarship. Jennifer Klein's *For All These Rights* devotes most of a chapter to discussing the Emergency Maternal and Infant Care program and the role of the World War II home front in politics. Her main questions concern health care access, New Deal policy makers, and the labor movement, however, and her argument only gestures towards the implications that those policies had on family culture and life. Derek Hoff chronicles how the US government has viewed families and reproduction in *The State and the Stork*. His focus is on discreet policies, and while this work is excellent, it omits coercive governmental influence that was accidental or non-specific. These examples show the challenges that political histories face in accounting for the impact that politics had on shaping perceptions and culture in society. Especially when the cultural transformations were indirect, most political historians have not attempted to precisely determine what impact political arguments had on culture. By specifically focusing on these issues, this dissertation complements these political arguments about the family by applying them

⁵ See Laura Lovett, *Conceiving the Future: Pronatalism, Reproduction and the Family in the United States, 1890-1930* (Raleigh: University of North Carolina Press, 2007); Donald Critchlow, *Intended Consequences: Birth Control, Abortion, and the Federal Government in Modern America* (Oxford: Oxford University Press, 2001); and Kimberley Morgan, *Working Mothers and the Welfare State: Religion and the Politics of Work-Family Policy in Western Europe and the United States* (Redwood: Stanford University Press, 2006).

into the social realm of the family. In short it looks at how macro-level political arguments changed families' expectations about their children.⁶

Historians of consumerism have in the last twenty years demonstrated that American consumer activities have shaped society in a wide variety of surprising ways. Gary Cross has demonstrated the impact of consumerism in shaping the culture of America throughout the twentieth century. Some historians have recently turned their focus towards the autonomous activities of consumers. While Lizabeth Cohen and T.H. Breen demonstrated the capacity of consumer politics in discreet time periods, Lawrence Glickman has extended this argument to the entirety of American history in his *Buying Power: A History of Consumer Activism in America*. He identifies consumers of goods as capable agents using their ability to buy or not as effective tools of coercion and political action against seemingly much larger institutions – notably large corporations, and governments both foreign and domestic.⁷

Central to my arguments in this dissertation is the idea of guardian consumerism. Guardian consumerism is my term for consumer activities that are not directly motivated by self-interest or personal needs, but rather the perceived wants and needs of a separate individual not responsible for their own choices. The guardian (generally a parent in this

⁶ See Derek Hoff, *The Stork and the State: The Population Debate and Policy Making in US History* (Chicago: University of Chicago Press, 2012), and Jennifer Klein, *For All These Rights: Business, Labor, and the Shaping of America's Public-Private Welfare State* (Princeton: Princeton University Press, 2003).

⁷ Gary Cross, *An All-Consuming Century: Why Commercialism Won in Modern America* (New York: Columbia University Press, 2000), and XXXX; Lizabeth Cohen *A Consumers Republic: The Politics of Mass Consumption in Postwar America* (New York: Alfred A. Knopf Press, 2003); T.H. Breen, *The Marketplace of Revolution: How Consumer Politics Shaped American Independence* (Oxford: Oxford University Press, 2004) and Lawrence Glickman, *Buying Power: A History of Consumer Activism in America* (Chicago, University of Chicago Press, 2009).

dissertation), is buying using metrics of wants and needs that are guesses about what the other individual would want. In guardian consumerism the consumer as the person who purchases goods, is different from the consumer as the person who uses the goods. These two different consumers are linked through the reliance and vulnerability that the using consumer has on the purchasing consumer, and the responsibility that the purchasing consumer feels for the using consumer. For this definition, the relationship between an infant and its parents makes for an ideal guardian consumer relationship because the infant has almost no ability to provide meaningful feedback about their preferences with regards to any particular product. There are other additional complications and considerations to the guardian consumer relationship. The vulnerability of the using consumer limits or entirely prevents the conventional relationship in consumer society that provides feedback to the producers. This feedback system has been the source of consumer politics and activism, thus allowing my study to explore an entirely new dynamic within consumer activism and consumer society.

The focus of this study is on guardian consumerism situated at an intersection between national politics, business advertising and marketing, and activist consumer groups. To allow for a more thorough exploration of many factors impacting guardian consumerism, it is organized thematically. The themes generally build upon one another in loose chronological fashion, however there is significant overlap in the time frames of the chapters. This is out of necessity, as the themes of infant consumerism built slowly and frequently changed across generations. The topics examined all had periods of intense activity, engagement and scrutiny, but also longer periods where the influence of the consumer paradigm was pronounced but mostly non-controversial.

I mostly look at norm setting, the pursuit of the normal family, and the impact that these norms had on disparate parts of society. Historical records disprove the idea that there was ever a perfectly normal family. Historian Elaine Tyler May has shown that the family norms I seek to uncover were injurious to many. While she focuses upon the infertile, her point is more widely applicable. Ideas about what was normal greatly impacted guardian consumerism, and the pursuit of being a good parent.

This work is not meant to criticize any of the millions of families that existed in America in the twentieth century. Rather, one of my goals as I focus on guardian consumerism is to better understand the potential harm that this type of social pursuit can have. Stephanie Coontz, in *The Way We Never Were*, argues that memories of family life are mostly myth, especially so for those who aspired to have normal families. To some degree, I extend Coontz's argument and to further displace historical reality of family life from our inherited memories. One of the greatest challenges I face in this pursuit is that much of this dissertation focuses on the recent past. As such, the memories of historians, politicians, and activists from their own experiences interacts with the evidence of the historical record in unpredictable ways. I have had many parents insist to me that they remember precisely when child safety seats became a thing, or when breastfeeding became typical, or when formula became standard. There are many memories of parenting in post-war America, and it would be surprising for a family to have been raised meeting all of the precise norms described here.⁸

⁸ See Elaine Tyler May, *Barren In the Promised Land: Childless Americans and the Pursuit of Happiness* (New York, Basic Books, 1995); Stephanie Coontz, *The Way We Never Were: American Families and the Nostalgia Trap* (New York, Basic Books, 1992).

Parenthood is a complicated term historically, when referring to infants. For almost all of American history parenthood of children in the age group I am studying was essentially the same thing as motherhood, as fathers rarely performed the duties that are colloquially considered “parental.” Nevertheless, I generally refrain from using the terms mother and motherhood unless there are explicit biological implications inherent to the topic of study. For example, my treatment of terms means that Breastfeeding vs bottle-feeding was a topic that was necessarily about mothering and motherhood in contrast to parenthood. However in most situations where parenting was collectively thought of as “women’s work” I will refer to it as parenting. This is largely because even when most families had women doing “mothers work”, using parenthood to describe it will not unjustly exclude any of the complicated child-rearing arrangements that have necessarily existed throughout American history.

Perceptions about the costs of children, as discussed previously, are not the only complication of parenting that has risen since World War II. During that period, the federal government assumed a very limited role in supervising family life in the United States. Prior to the Progressive Era this was typical worldwide, and throughout the nineteenth century governments had only limited access to the governance and operations of families. Beginning in the first decades of the twentieth century, governments took on increasing roles in family life. Governments started establishing standards for discipline, child labor, education, health and wellness. The United States was the real leader in this field, especially through the work of the Children’s Bureau. Chapter Two, “Advice,” chronicles the challenges that the Childrens Bureau faced in entering family life as part of the federal government and how it managed to overcome these challenges throughout the

transitions from the Progressive Era into the 1920s and in the New Deal and finally into World War II. It argues that during World War II the United States went from the industrialized nation most willing to intervene in the family, to one that was least willing to allow the government to regulate and to advise parents on how to run their families. It argues that when the Childrens Bureau was effective at shaping families it did so by having a combination of talents and resources. These included exceptional communicators, an ability to satisfy powerful expert lobbies, and an ability to conform to the gendered expectations of politicians, families, social organizations, and medical practitioners. Finally, it shows that by the end of World War II, the United States government had managed to accidentally erode all of its strengths that had allowed it to effectively distribute advice on maternal and infant health, which left an opening for private sources of advice to fill the void. It shows how Dr. Benjamin Spock managed to meet all of these historical requirements, and thus was able to successfully replace the Childrens Bureau as the source for most advice to new parents. This chapter runs from the early twentieth century into the 1950s.

Chapter Three, “Nutrition,” examines the long fight waged between advocates of breastfeeding and formula feeding of infants. Using advertisements, policy statements, medical articles and activist records, it explains how infant nutrition developed into a type of guardian consumerism. It also shows precisely what happens to guardian consumerism and child-rearing in the absence of strong and coercive governmental actions, as both the federal government and most state governments have attempted to avoid taking sides in nutrition debates. Finally, it shows the critical roles that medical, technological, and scientific progress can have in shaping attitudes and behavior in

contested terrain, in this case through the norm setting by way of guardian consumerism. This chapter mostly focuses on the period from 1940-1960.

In Chapter Four, “Safety,” I discuss how the government became much more involved in regulating one part of family life via regulations and partnerships designed to harness new technological developments to create a culture that prioritized child safety. This chapter examines safety in the place where young children are most likely to suffer death or significant injury – the motor vehicle. It chronicles the consumer marketplace before there was such a thing as a culture of safety, and identifies the transformations that accompanied the federally mandated move to safe travel as a priority. As federal regulations decisively shaped the marketplace once introduced, this chapter explores guardian consumerism in a marketplace where the dominant influence and purpose was uncontested. It finds that the same hostility that naturally enough exists in a contested terrain persists even when all actors agree on the point of the marketplace. This chapter also exhibits how a guardian consumerism can develop. As car seats transitioned from personal luxuries of convenience into a safety essential, the marketplace for them transformed from a conventional consumerism into a guardian consumerism. This chapter examines safety through a periodization of pre-safety (prior to 1972), developing safety (1970-1979), and uncontested safety (after 1979).

Chapter Five looks at the infant as a consumer product. It examines ways in which the very act of having a child has been an act of guardian consumerism. It explores a variety of area from the commodification of sperm and eggs to the adoption marketplace. It also examines genetic inheritance, and the ways that Americans have reacted to technologies that could alter the human genetic pool. I argue that so far

guardian consumers have guarded the human genome, and worked very hard to limit or eliminate possibilities of consumer genetics.

The parents of newborn infants could have acted like conventional consumers, evaluating products and services relative to their perceived needs, wants and desires. However, there are differences between the conventional consumers and guardian consumers. Because guardian consumers want to do the proper thing in their roles as guardians, they are susceptible to different types of marketing efforts than traditional consumers. These differences were utilized by a wide variety of agents as ways to advance their agendas. As such, after World War II, guardian consumerism arose as a coercive tool within consumer politics. This coercion has changed American society, creating some significant benefits but also some deeply troubling problems. It has transformed family life and the meaning of family in both the twentieth and twenty-first centuries.

CHAPTER 2: ADVICE

In 1996, the ultimate expression of infant consumerism arrived in the United States with the launch of two new department stores that focused entirely on baby related shopping: buybuy Baby and Babies'R'Us. These stores both entered the marketplace to near immediate success, and rapidly expanded. buybuy Baby alone grew to 60 stores by 2012 and over 150 by 2016. It is easy to look at the rise of these chains as a transformational moment in infant consumerism. They are big stores and consolidate infant consumerism into singular shopping experiences. However, these stores did not revolutionize the baby industry. While these stores have defined a marketplace in impressive fashion, they did not transform baby consumerism.

In looking historically at these stores' entrance into the marketplace, the most remarkable thing is what they did not do. They did not change advertising practices, challenge regulatory precepts, or inspire a new consumerism in any measurable way. Instead, they gave tangible expression to the reality that, in the United States, baby focused marketing had been an exceptionally lucrative practice for fifty years.

The spark that ignited the uniquely American baby consumerism was *Baby and Child Care* by Dr. Benjamin Spock, first published in 1946. The book's success and the wave of interest in buying products designed for babies and marketed to eager parents,

however, was not inevitable. The spark that Spock provided landed in tinder that had been inadvertently placed by the federal government in the preceding thirty years.⁹

Released originally in 1946, *Baby and Child Care* went through seven editions by the end of 1998. It sold over 50 million copies, in 39 languages, both under its hardcover title and a paperback version entitled *The Common Sense Book of Baby and Child Care*, published originally the same time and updated with revisions at approximately the same pace as the hardcover editions. By some estimations, it ranked second on the list of best-selling books of the twentieth century worldwide, bested only by the Bible.

Baby and Child Care was far more than “just” a massive international best-seller. The child-rearing advice it provided, which became known informally as the “Spock Method,” was adopted by millions of families across America as the basis for their parenting philosophy. Countless letters written to Dr. Spock by mothers from across both the United States and around the world attested to this. Many referred to *Baby and Child Care* as the new Bible for the modern family. Some users even commented upon the irony that they consulted Spock far more regularly than their actual Bible.¹⁰

The unparalleled, unprecedented success of *Baby and Child Care* was of major significance in American history. It had major social and political implications. Dr. Spock not only changed child-rearing practices, he also played an essential role in

⁹ “Bed Bath & Beyond Inc. Announces the All Cash Acquisition of buybuy BABY,” Press Release March 22, 2007. retrieved from PR Newswire <http://www.prnewswire.com/news-releases/bed-bath--beyond-inc-announces-the-all-cash-acquisition-of-buybuy-baby-52175742.html>, Tanya Mannes, “Will New Baby Megastore Compete With Babies R Us?” *San Diego Union Tribune*, April 27, 2012. <http://www.sandiegouniontribune.com/sdut-baby-megastore-competes-babies-r-us-2012apr27-htmlstory.html>.

¹⁰ See General Correspondence, Box 4, Benjamin Spock and Mary Morgan Papers, Special Collections Research Center, Syracuse University Libraries.

creating the post-war consumer ideology that featured a limited role for government in the lives of Americans. The irony is that he did not seek to have had such an impact, and did not agree with it philosophically. He worked hard to bolster government directed and assisted parenting throughout his life. He used the fame and influence he acquired from writing *Baby and Child Care* to support John F. Kennedy's presidential campaign, as well as Medicare, Medicaid, Welfare, and other government programs to aid family life.

Spock wrote *Baby and Child Care* at a time of transformation in which the very meaning of parenting changed dramatically. Structural changes in health care, and centuries-long trends in fertility and mortality combined to create a set of conditions that can best be defined as modern parenting. Modern parenting began in the early twentieth century as social scientists, medical researchers, progressives, pediatricians and parents searched for solutions to challenges and opportunities in childrearing that were historically unprecedented. Education for new parents became exceptionally important because it connected them to the diligently created cutting edge of modern medicine, technology, and science.

The education that modern parents received had a significantly different focus in the early twentieth century than in the age of buybuy Baby. The earliest attempts at parenting education were pioneered by believers in public forces in education. These public programs for modern parents ran into intense political and social challenges in an American culture historically resistant to government intervention in private affairs. The process of overcoming these challenges forced public officials to adopt informal structures and language. They went from educating parents about their children to providing informational advice to parents. This transformation presaged how the

challenges that public officials faced in implementing advice for modern parents would give rise to the robust guardian consumerism of the post-war years.

To appreciate the ways modern parents had different needs than earlier generations of parents, we need to first look back to the early American republic and what was understood as normal parenting. Examples from the early republic through the nineteenth century show how foundational tasks related to becoming a new parent were transformed through this time until by the early twentieth century a first time parent would experience parenthood as a process completely different from those in generations past.

In January and February of 1781, Sarah Fouace Nourse was preoccupied with babies. Catherine Cooke, Sarah's daughter, was expecting her first child in late winter, and Sarah made visits, goods, and preparations for becoming a grandmother. She also made clothing for and visited two other new mothers from the Piedmont, Virginia area. At the same time, she had a child of her own who was only three years old, the youngest of her eight children. The lack of a chronological gap between the time that Sarah was a mother to young children to the time that she became a grandmother meant that Sarah spent her entire life involved with babies.¹¹ This was typical for women in colonial America. The birth rate in the late eighteenth century was over 7 children per mother. The high number of babies in comparison to the number of adults had profound cultural implications, including that new mothers like Catherine Cooke were surrounded by

¹¹ Sarah Fouce Nourse, "1781-1783 Diary of Mrs. Sarah Fouce Nourse, wife of James Nourse, of Piedmont, Berkeley CO., Va." Nourse and Morris Family Papers, Alderman Library, University of Virginia, #3490-b.

friends and family like Sarah Nourse who had extensive and recent experience with childrearing.¹²

Catherine Cooke was a typical new mother in eighteenth century America. Indeed, with only a few minor differences, her experiences and expectations as she prepared to become a mother resembled those of women over many centuries and across cultural and geographic boundaries. She lived, however, on the cusp of change. What it meant to be a typical American parent changed in several critical ways by the mid-twentieth century, changes that required significant adaptation in the norms of parenting and changed the needs of modern parents.

The first of these changes was a major reduction in the infant mortality rate as a result of new developments in science, technology and medicine. While it seems obvious that the discovery of germ theory, the introduction of forceps, and other new developments in medical knowledge would have some impact on the birthing process, the transformation was dramatic. Despite the Industrial Revolution, mortality rates were very high. In Britain, for which there are breakdowns that show mortality based on where women labored, by 1872 the mortality rates by age five for the children of mothers working outside the home was still 69%, with only a slightly less horrifying 45% mortality by age five for the children of women working in the home.¹³ The high infant and child mortality rates led parents to look at their children in ways quite different from

¹² Herbert Klein, *A Population History of the United States* (Cambridge UK: Cambridge University Press, 2004), 78. See Susan Klepp, *Revolutionary Conceptions: Women, Fertility, and Family Limitation In America, 1760-1820* (Chapel Hill: University of North Carolina Press, 2009).

¹³ Working in the home instead of working outside of the home did not have a causal relationship with health of children, but serves instead as a proxy which illustrates (imperfectly) the impact of social class on parenting and the advantages upper class women had.

parents in the late twentieth century: nineteenth century parents were looking out for their own psychological well-being. The clearest manifestation of this was that parents tended to compartmentalize their feelings for their children and many viewed newborns without affection. An excellent example of this was recounted by Ann Dally:

In the 1770s, Mrs. Thrale, devoted mother of many children, was extremely upset when one of her older children died but showed no grief over the deaths of infants. She took an instant dislike to one baby since “she is so very poor a creature I can scarce bear to look on her.” Later, when another newborn baby died, she commented, “one cannot grieve after her much, and I have just now other things to think of.”¹⁴

In 1900, the average woman lost more than one child in delivery or due to accident or illness before the child’s fifth birthday.¹⁵ In addition, miscarriages were significantly more common and pregnancy was not viewed as “going to have a child.”¹⁶ Parents had to prepare psychologically for the death of their offspring, precisely because it occurred so regularly. Having a large family meant burying at least some offspring.

But after scientific advances significantly cut down the infant mortality rates, attitudes changed. These changes were reflected in the advice Spock gave to parents in mid-century America. In his memoirs he discussed how he would never advise his patients to do as he did, and instead advised them to attach emotional significance to their newborns and to embrace grief if they faced tragedy.

¹⁴ Clifford, J.L. *Hester Lynch Piozzi* pp 83-94, quoted in Ann Dally, *Inventing Motherhood: The Consequences of an Ideal* (London: Burnett Books, 1983), 28.

¹⁵ Dally, *Inventing Motherhood*, 25-42.

¹⁶ A significant factor for some European populations was Rh Disease, which was not discovered until 1937 and caused regular miscarriages in approximately 12% of women. See Landsteiner, K. and Weiner, A, "An Agglutinable Factor in Human Blood Recognized by Immune Sera for Rhesus Blood," *Experimental Biological Medicine*. Vol. 43 (1): 223, 1940.

Biomedical ethicist Lee Silver draws an important distinction between different types of life that is rather helpful for considering what these parents were going through. He argued that there are two very different types of life, both of which can be human, but neither of which necessarily is so. The first is life in the biological, or general sense. This meaning comes from cellular biology. A person who is killed will normally still have many living cells within them. Most of these cells continue to function for a long time, until external factors cause them to die. If these cells were considered dead the way society thinks of living and dying, then the process of organ transplantation that gave life to these dead cells by using them to sustain another external life (for example by transplanting a heart after an untimely death) would be impossible.

The reason why society does not think of the organs as dead immediately when the person dies is that it has intuitively acknowledged a separation between general life and special life. In humans, special life is a combination of genuine self-awareness and an ability to feel a wide range of motions. Special life is generally what society tries to protect and what is believed to hold natural rights. The boundaries of special life are nebulous and open to interpretation. This is precisely why there have been so many political controversies about where life begins, how it should be allowed to end, and how much emotional range a living being has to show to qualify as human.¹⁷

As a result of the high infant and child mortality rates prior to the twentieth century, parents often intentionally or unintentionally avoided connecting emotionally with their children until the children reached an older age. For these families babies were not living human beings, at least not in the special sense of life. As a result, until the child

¹⁷ Lee Silver, *Remaking Eden: How Genetic Engineering and Cloning Will Transform the American Family* (New York: Avon Books, 1998), 21-26.

was old enough that their survival was extremely likely, having a child was somewhat of an abstract experience. In some families, losing babies during or right after delivery was regarded as analogous to miscarriages and the parents tried to move beyond the experience, while in other families these children would be felt and memorialized in various ways. One common method which blended the routes was to give the name of a deceased child to the next infant born. This both allowed the parents to remember their lost child, and to attempt to trick their memories and subconscious into forgetting the lost child.

Such attitudes persisted throughout the nineteenth century owing to high death rates of newborn children of approximately two hundred per thousand live births. However, the early twentieth century saw huge changes in infant and early childhood death rates, primarily resulting from technical and medical advances. Increased knowledge of germ theory, the introduction of sewage systems, and the adoption of public health measures by the government helped to reduce transmission of several diseases most notably cholera and typhoid. These trends were aided by developments in preventative health care, notably because of the invention of vaccines and subsequent campaigns to immunize the population.

As a result of these transformations, during the twentieth century the mortality rate for infants in the United States went from nearly twenty percent to less than one percent. There was a precipitous decline in child mortality (not including infants) during

the century, falling from five percent to less than point two percent. Almost all of this change was due to decreased mortality from disease.¹⁸

Decreased infant and child mortality rates quickly transformed cultural expectations of how parents should handle child death in the twentieth century. Dr. Ben Spock experienced this personally. When he lost a newborn child during the Great Depression, his attitude resembled those of nineteenth century parents. As he later recalled, “Sadly our first child was born premature. The baby weighed a little over three pounds and died in two days. We didn’t give the baby a name... we tried to make as little as possible of his short life, believing at the time that this was the wise and courageous thing to do.”¹⁹ However, as he acknowledged, by the 1950s he would never have suggested to patients that after losing children that they should have acted the way he and his wife did. While Spock, a physician trained in psychology, was perhaps on the leading edge of the cultural transformation, by the time of the baby boom it became normal for parents to bond with their newborn children. This change, rooted in new realities, was embraced by Spock.

In part because more infants were surviving to adulthood, there was another major demographic change: Americans were having fewer babies. The higher survival rates, combined with the industrialization and urbanization that made children more of an

¹⁸ Kline, *Population History of the United States*, 104, Bernard Guyer et al., “Annual Summary of Vital Statistics: Trends in the Health of Americans During the 20th Century,” *Pediatrics* Vol. 106-6 (December 2000) 1307, DOI: 10.1542/peds.106.6.1307. See John B. McKinlay and Sonja M. McKinlay, “The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century” *The Milbank Memorial Fund Quarterly. Health and Society* Vol. 55, No. 3 (Summer, 1977), pp. 405-428 DOI: 10.2307/3349539 for detailed argument on why medical interventions were not a significant part of declining mortality.

¹⁹ Benjamin Spock, *Spock on Spock: A Memoir of Growing Up with the Century* (New York: Pantheon Books, 1985), 117.

economic liability than an asset (as they were to farm families), birthrates and average family size decreased steadily in the United States from the late eighteenth century until World War II. At first this had a limited impact on family function and knowledge transmission: families shrinking from ten to eight individuals did not require substantially different knowledge or psychological makeup of what having an additional child meant. However, by the late nineteenth century when the average American woman started having fewer than four children during her lifetime, it became much easier for expectant parents to have a social circle that did not include adults with recent experience in childbearing and rearing.

One other major demographic shift took place during the nineteenth and twentieth centuries: a dramatic increase in life expectancy. Together with a decline in the average number of children, this meant that fewer and fewer adults were engaged in caring for young children. While in 1781 Catherine Cooke could ask for topical advice from her mother, as well as from many friends, neighbors, and extended family members, in 1945 such resources were rarely there for new parents.

When typical life expectancy was 55 years in 1780 and parents had so many children, it meant that any new parent enjoyed an incredible amount of tacit knowledge gained from assisting friends and family with childcare. Even if that failed, women such as Catherine Cooke could simply rely on her mother's advice, as Sarah Nourse was still actively raising young children when Catherine became a mother. In contrast, when my grandparents, Dave and Mable Monroney had their first child in 1951, not only were they

thousands of miles away from their families, but it had been twenty years since their parents had their last child.²⁰

These demographic transitions outlined above, and the resulting problems regarding transmission of knowledge about parenting methods inspired action on the part of the federal government. In 1912, the United States created a Children's Bureau. This was the first government office in any nation worldwide to focus entirely on child welfare, particularly equipping parents with the knowledge needed to successfully care for children in an era in which they were less likely to be surrounded by family and friends eager and able to educate them.

Federal authorities were eager to attack the problem of infant mortality and for new parents to benefit from new scientific knowledge about caring for young children. One of the four fundamental questions Julia Lathrop, the first Director for the Federal Children's Bureau posed in her organization of the bureau dealt directly with the modern problem. "How far is ignorance to blame for [unnecessary death of children] and who is responsible for ignorance?" she asked. From its first days, the Children's Bureau would be charged with researching, chronicling, and disseminating information to combat parental ignorance. This ignorance was quintessentially modern, in that it was both caused by modernity and its advances in scientific method and knowledge production as well as being a result of the modern social dislocations outlined above. The challenge of researching, reporting upon, and overcoming ignorance would prove to be worthy of

²⁰ Mortality data from David Kertzer and Peter Laslett eds., *Aging in the Past: Demography, Society, and Old Age* (Berkeley: University of California Press, 1995). Fertility data from Klein, *Population History of the United States*, 121. Dr. Spock believed that distance from grandparents to their grandchildren was one of the bigger problems in the United States.

Lathrop's prominent early emphasis on the problem. The Children's Bureau would prove to be highly effective in preparing parents to attack the problem of infant mortality.²¹

There were three types of concerns that the Children's Bureau had to navigate to in society to be effective in its work: concerns about expertise, concerns about gender roles in the family and society, and concerns about the government's role in family life. The Children's Bureau was founded by individuals well aware of these social and political challenges, and developed strategies to effectively integrate these concerns into its work.

From its beginning, the Children's Bureau dealt with issues of gender and parenting in complicated ways. Its original director, Julia Lathrop, was the first woman to direct a federal agency, and the Children's Bureau was exclusively directed by women from 1912 until 1968. While there were men working in the bureau, it was conceived as a maternal state institution. Gender factors heavily influenced the bureau's choice of goals and its ability to pursue them.

The Children's Bureau made its first major initiative to launch a program on infant mortality and health. Officials within the bureau designed the program to start with research into family life across America by a series of periodic in-home visits to gather various information related to the health of infants. This program would be followed by general education campaigns that combined widely distributed pamphlets with more intense and focused interventions possible as problems arose.

²¹ Julia Lathrop, "The Children's Bureau" (Reprinted from Proceedings of the National Conference of Charities and Corrections, 1912), Fort Wayne Indiana, 1912 in *The United States Childrens Bureau, 1912-1972*, Reprint edition by Arno Press Inc.

A closer look at the earliest research from the Children's Bureau illustrates how the Bureau would utilize gender to accomplish its goals. Dissemination of this research marked the coming out of the Children's Bureau, and it launched a program meant to demonstrate how such a Bureau could work and to publicly demonstrate both its political acceptability and social value.

The program focused upon the subject of infant mortality and health. This was, in the words of future Children's Bureau chief Grace Abbott, "of fundamental social importance and of popular interest." Abbott detailed the logistical bonuses to focusing on infancy, especially from an operational standpoint. The Children's Bureau designed its surveys for the project to start at birth and move forward in the lives of children as they aged.

Only female agents of the Children's Bureau were used for the field work of gathering the survey, because "the questions [involved] were necessarily intimate and difficult." The administrators of the Children's Bureau thus understood that their ability to engage in family life was predicated on the Bureau taking on a specific, maternal gender role. This fed on old stereotypes about gender roles in society, and was a strong way of reinforcing those roles in the Progressive Era.²²

The gendered approach to parenting that the Children's Bureau tacitly demonstrated throughout its early work at fundamental levels helped legitimize ideas about gendering concerns about infant welfare as women's work. However, it also gave the Children's Bureau, as a government institution, freedom to engage in work of a type

²² Grace Abbott, "Ten Years' Work For Children" (Reprinted from U.S. Children's Bureau, 1923) in *The United States Childrens Bureau, 1912-1972*, Reprint edition by Arno Press Inc, 2.

that was extremely controversial. While the Bureau faced serious opposition from families that were concerned any advice, educational materials, or coercive resources it provided would be an unacceptable form of government intrusion into family life, the maternal nature of the Bureau allowed it some access into family life.

In 1914 the Bureau published a pioneering work *Infant Care*. *Infant Care* was a pamphlet designed to share basic information “regarding hygiene and normal living every mother has the right to possess in the interest of her and her children.” It focused on topics like pasteurization, pure water, clean living conditions, and sunlight for children. *Infant Care* was designed as the second step in fighting early childhood mortality (the first being the surveys discussed above). If it has not been for the clear gendered tone of *Infant Care* and the female staff of the Children’s Bureau, the controversy generated by a governmental publication of child-rearing advice would likely have prevented *Infant Care* from publication.²³

Neither Julia Lathrop nor Grace Abbott anticipated that *Infant Care* was going to have a large impact on families across the United States. They viewed *Infant Care* merely as a bulletin that was supplementary to their more important direct instructional work through infant-welfare centers and through public-health nurses. Their focus was on waging a war against infant mortality, and publications were only a small part of this battle.

²³ The Children’s Bureau used the term “pamphlet” in early years, histories, and recollections to describe those works. Despite this, the term is generally avoided in this text. Most of these “pamphlets” were in excess of twenty pages, and most editions of *Infant Care* ran approximately 80 pages. The term pamphlet was commonly used in the early 20th century for longer printed collections in a different way than the term is used in modern English. As such, to avoid confusing impressions that these Children’s Bureau productions were simple leaflets, the term “booklet” is used herein.

This context is critical to understanding the success of *Infant Care*. The Children's Bureau was able to establish a reputation for quality work in part because they started educating and advocating at a time when they were able to promulgate excellent (and mostly recent) medical, scientific, and technological advances. In small part as a result of these efforts, infant mortality plunged in the years after the release of *Infant Care*. Unsurprisingly, *Infant Care's* reputation and timing greatly benefited from this timing.²⁴

Unexpectedly, *Infant Care* enjoyed immediate and continued success. In the first ten years of printing distribution of the booklet rose to more than 600,000 copies per year. Congressional offices received so many requests for *Infant Care* that by the 1920s the Children's Bureau had to create a Congressional distribution scheme to handle the persistent demand. Thus, in less than a decade, the public aversion to government childrearing advice mechanisms had been completely overrun by the potent effectiveness of consumer political demands.

This was able to take place even in the context of a more general retrenchment from the progressive politics that had inspired the creation of the Children's Bureau and provided the political capital necessary to make it an effective government agency. Ultimately *Infant Care* would become the most printed government booklet in the entire twentieth century, speaking to the general effectiveness of *Infant Care* as well as exploding market for parenting materials.

The Children's Bureau, while almost certainly the most popular parenting advice source of the first half of the twentieth century, was by no means the only one. Women's

²⁴ See Abbott, "Ten Years", 3; Lathrop, "The Children's Bureau."

magazines ran regular columns on parenting, some of which were quite popular. There were also parenting magazines such as *Babyhood* and *American Motherhood*. The Children's Bureau never attempted to create a monopoly, and never came close to achieving one. However, it did manage to cultivate a remarkable and unique influence with American parents. This can best be judged by the letters that parents sent to the Children's Bureau, many asking for follow-up help or advice to that they had received from the Children's Bureau's booklets.²⁵

In addition to *Infant Care*, the Children's Bureau produced other advice literature in the early years using a similar style and gendered tone. *Prenatal Care* and *The Child From 2-6* debuted in the same timeframe, with the same authors, and with the same goals in mind. However, these booklets had very different destinies. While *Prenatal Care* was a success story in its own right, with millions of copies distributed making it become another twentieth century best-seller, it did not have the chart-topping success of *Infant Care*. *Prenatal Care* reasonably distributed, but because it had such a similar subject matter and less demand it was merely grouped into discussions of *Infant Care*. Whether the discussion was internal to the Children's Bureau, in front of Congress, or advocating to state and local offices, *Infant Care* was the document of primary importance and whatever policy outcome respecting *Infant Care* resulted would prove satisfactory for *Prenatal Care*.²⁶

The impact of *Prenatal Care*, while not nearly as significant as that of *Infant Care*, nevertheless dwarfed the "other" booklets that the Children's Bureau produced.

²⁵ See Rima Apple, *Perfect Motherhood: Science and Childrearing In America* (New Brunswick: Rutgers University Press, 2006), 52-55.

²⁶ Abbott, "Ten Years."

The Child From 2-6 had originally been intended as- a continuation of the series, which would then in further volumes consider additional topics related to child labor practices and education. *The Child From 2-6* was poorly received.

There was a much lower demand for advice covering this time period for several reasons. First, parents had a better sense of what to do with their older children. They had memories from being that age, and frequently from having younger siblings having been that age. Their children could also communicate by that age and share needs wants and desires with parents, making some of the bewildering aspect of parenting much diminished. Additionally, one of the most important contributions to parents feeling as though they did not need help raising their children after infancy can be backed up by direct data. High infant mortality rates had been a feature of human life as far back as reliable records allow for reasonable estimation. Mortality dropped off rapidly after infancy however. As such there was naturally less concern about children and their welfare as they reached toddlerhood and then childhood. Considering the goals for *Prenatal Care* and *Infant Care* – it becomes obvious that *The Child From 2 – 6* simply did not have a natural place in America.²⁷

Infant Care was successful beyond merely seeing wide distribution and popular demand from the marketplace. As discussed above, *Infant Care* was originally designed with the goal of being a part of a broader and comprehensive fight against infant mortality. To the extent that *Infant Care* was a part of this strategy it was an overwhelming success. Infant mortality rates plummeted in the decade after the release of *Infant Care*, and continued to drop throughout the rest of the twentieth century. In

²⁷ It also suggests the power of guardian consumer relations and their impact on buying power – see next chapter for more details.

1900 infant mortality was around 16%. When *Infant Care* was published in 1912, mortality was at 12%. By 1930 this had dropped to around 7.5%, and by 1945 it had fallen to 4.7%, and would continue to decrease. For comparison, in 2016 mortality in the US is .58%.²⁸ While the Children's Bureau was not solely responsible for this achievement, the decrease in infant mortality was a significant accomplishment for the Bureau.²⁹

After approximately a decade of operation, the Children's Bureau went through a process of expansion that would significantly impact operations. The scientific studies that the Children's Bureau had sponsored were met with general acclaim, but the other missions of the Children's Bureau were becoming more complicated and complex.

The biggest reason for this is the passage of the 1921 Promotion of the Welfare and Hygiene of Maternity and Infancy Act, referred to inside the Children's Bureau as the Maternity and Infancy Act, and commonly as the Sheppard-Towner Act. This act necessitated a new vision for the Children's Bureau. Sheppard-Towner did not give the Children's Bureau any new direct responsibilities in maternity and infant care, but it still greatly increased the responsibilities of the Children's Bureau in these areas. While the Children's Bureau was prevented from providing direct care, the Children's Bureau

²⁸ US historical rates compare to 2016 rates roughly as follows: the US rate in 1912 was the same as Afghanistan's in 2016, the US rate in 1930 approximates Angola 2016, US 1945 approximates Haiti 2016, USA 1970 approximates Egypt 2016, USA 2000 approximates Russia 2016.

²⁹ Data Prior to 1950 from Klein, *A Population History of the United States*, 147. Data after 1945 from Centers for Disease Control and Prevention, National Center for Health Statistics, *Health, United States, National Vital Statistics Report*, compiled on <http://www.infoplease.com/ipa/A0779935.html>. All modern comparisons via *The World Factbook* 2015-16. Washington, DC: Central Intelligence Agency, 2016.

would issue grants, advice and resources to state and local programs to implement new and expanded health programs.

Even Sheppard Towner's original success was due to political fears about the need to appease new women voters and strong lobbying from the Women's Joint Congressional Committee. Concern about the new politics post-suffrage were a necessary prerequisite for any expansion of the Children's Bureau's mandate. As time went by and politicians were able to accurately determine that women engaged in politics in manners fundamentally similar to men, those politicians no longer felt like they were required politically to fund Sheppard Towner and similar projects. Freed from the political necessity, personal and philosophical objections were manifest in the debate over renewal of Sheppard Towner. These objections were the same objections to almost all of the Children's Bureau's work: objections based on the state taking on too large of a role in the family, of the state taking on a maternal role, and of it being too socialized of a program.³⁰

The Children's Bureau under Grace Abbott took its new responsibilities under Sheppard-Towner seriously, well aware of the problematic political potential of the federal government engaging too closely in family life. There were several concerns that led to the strange process of expansion of the influence and mission of the Children's Bureau without direct obvious expansion of its offices or personnel.

³⁰ Moehling and Thomasson, "The Political Economy of Saving Mothers and Babies," 25-27 and Theda Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Cambridge: Belknap Press, 1992) as well as Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Urbana: University of Illinois Press, 1994).

Politically there was significant pushback from groups who were worried about what kind of programs the government would launch. The most vocal of these concerns came from Catholics who feared that the government would provide reproductive materials and education which was contrary to their faith. Anti-suffragists such as Harriet Frothingham also raised political concerns about the role of the government. Finally, a series of state professional associations, mostly of medical practitioners, objected to the program. Thus, the same three types of concerns that had been critical in the first decade of the Children's Bureau continued to form the necessary parameters of consideration for its work: concerns about expertise, concerns about gender roles in the family, and concerns about the government's role in the family.³¹

The unexpected success and influence of *Infant Care* led to an initiative to restructure the authorial process of the Children's Bureaus booklets at the same time as the Bureau was expanding to meet the mandate of Sheppard-Towner. The American Medical Association decided to object strongly to the governmental advice coming from author Mary Mills West emphasizing her lack of medical training. As a letter of complaint to Director Lathrop noted, West wrote "simply and pleasingly... but did not have any particular qualifications." Mrs. West had successfully raised five children, and was an educated woman. Nevertheless, a growing number of doctors demanded that

³¹ Frothingham and other individuals, states, and groups also raised concerns based on the federal government playing a role in family life through this program, but these objections did not prevent them from endorsing other federal grant programs. Thus, the issue was not one of federalism and the role of the federal government in society, but rather the question of the government's role in the family and questions about the government's rights to countermand parent's moral choices. See Carolyn M. Moehling and Melissa A. Thomasson, "The Political Economy of Saving Mothers and Babies: The Politics of State Participation in the Sheppard-Towner Program" *The Journal of Economic History* 72(01) · March 2012.

advice be issued only by those with medical degrees, or after explicit review from those with medical degrees.

This move towards “professionalization” of childcare was a part of a more general trend driven by the medical profession. During the 1920s and 1930s, doctors increasingly came to view their greatest challenges as the attitudes of their patients. When it came to childcare, pediatricians expressed both hostility towards and skepticism of the value of the knowledge of mothers. Obstetrician Frank O. Wood best exemplified these attitudes. In his *Instructions for Expectant Mothers* he wrote “Unless I recommend them, do not buy books on pregnancy or infant care, as they tend to confuse.” Furthermore “please do not accept advice from friends or relatives, however well-intended. I cannot be responsible for your well-being unless you follow my instructions exactly.”³²

The move to professionalize knowledge of parenting is an exceptionally complicated matter to judge from a historical perspective. It is very easy to embrace the tacit knowledge that had mostly worked for parents many generations, much of which is either harmless or sensible in the judgment of modern pediatrics. However, the tacit knowledge and traditions of families also came from a time when horrific injuries, illnesses, and deaths were regular occurrences. The new methods of parenting in the twentieth century significantly decreased injury and mortality rates. As such they deserve serious appreciation, and the expertise that Dr. Woods and others put into creating them deserves historical acknowledgement. However even this consideration should be limited, and subjected to judgment. Many of these early methods

³² [Frank O Wood], *Instructions for Expectant Mothers* ([Hartford, CT]: 1935, quoted by Apple, *Perfect Motherhood*, 59.

accomplished significantly lower mortality, but did so by methods that were not fully understood, or were accidentally accurate while having dangerous social side-effects that physicians were untrained to recognize or appreciate (For a much more detailed example of this, see next chapter).

The result of the objections of the AMA was that *Infant Care* became gradually more medicalized as doctors replaced parents and committees replaced individuals. This helped to undermine the firm gendered grounding that had allowed for *Infant Care* to be so politically palatable in the first place. While there were no immediate political problems generated by this change, it foreshadowed the fate of the Children's Bureau writ-large. As gendered assumptions about parenthood changed and it became acceptable for male experts to exert influence via the government over family affairs and the Children's Bureau, the practices and policies of the Children's Bureau would become more sensitive to partisan politics.

Sheppard-Towner provides a striking example from later in the 1920s of this partisanship. As it was implemented, Sheppard-Towner was so restricted by concerns about socialism that it had not allowed the federal government to have a direct role in providing child-care, and spent only a small fraction of the money it was originally authorized to allocate. It was successful at accomplishing its mission of lowering mortality, an objective no partisan could object to. Nevertheless, it could not overcome partisan political lobbying from the AMA (which was fearful of socialized medicine) and ultimately was discontinued after 1929.³³

³³ See Molly Ladd-Taylor, *Raising a Baby the Government Way: Mothers' Letters to the Children's Bureau, 1915-1932* (New Brunswick: Rutgers University Press, 1986).

The Children's Bureau's decline after the failure to renew Sheppard-Towner level funding would reverse significantly in the 1930s. The gendered language and aspersions to the effectiveness of women that had been so effective in the first decades of the Children's Bureau largely dried up by the 1930s. Nevertheless, as the Labor Department (in which the Children's Bureau was housed) saw the first female cabinet secretary with the appointment of Frances Perkins in 1933, it remains clear that gender still played a significant role in common understandings of the Bureau. The Children's Bureau had always had an enumerated responsibility to perform research and collect data, and New Deal bureaucrats utilized the social science expertise present at the Children's Bureau to better understand the Great Depression and its impact on children.

A watershed moment for the Bureau was the 1935 passage of the Social Security Act. Title V. of the SSA provided funds for maternal and child welfare. Like the Sheppard-Towner act fourteen years earlier, this was a large allocation of federal appropriations be administrated by the Children's Bureau through grants to state programs. However, unlike with the Sheppard-Towner act, the child welfare part of the Social Security Act was not particularly controversial. Sheppard-Towner was only slowly adopted, and several states refused to participate, but SSA was immediately accepted in all 48 states. Sheppard-Towner faced two Supreme Court cases challenging the constitutionality of the maternal and child welfare and while SSA did face several early constitutional challenges, none of these focused upon maternity and child welfare programs.

Probably the starkest difference between the SSA and Sheppard-Towner programs was in funding. Sheppard-Towner was authorized to spend \$10,160,000 over

eight years via two rounds of funding (\$1,270,000 per year). In comparison, SSA authorized spending on Title V of \$4,225,000 each year without an immediate sunset.

The broader context of the Great Depression was critical to the changing social attitudes towards maternity care, but even in the context of the Great Depression, Title V. was comparatively mild. It provided money to the states, did not require state participation, and while it provided for Children's Bureau oversight (and significant appropriations to administrate the program), the money was ultimately not spent by the federal government, or by the states. Instead the states gave it to smaller entities for disbursement. Functionally the appropriation that staffed the Children's Bureau gave the Bureau total control over the program, but this still required consent from the states.³⁴

After 1940, World War II caused the operating mandate of the Children's Bureau to evolve significantly. Early in the war all federal agencies were required to drop research tasks except those directly related to the war effort. As the Children's Bureau had operated since 1912 under the mandate of "investigate and report" on topics relevant to children, this was particularly transformative for the Bureau. All research at the Bureau was halted, and much of the research infrastructure and institutional knowledge built up over the past thirty years was lost as experts retired or transferred to different positions outside the Children's Bureau where their skills would be more useful.

While World War II significantly challenged the Children's Bureau's mission, it provided some exceptional opportunities. One of these came specifically from the war effort. Prior to the war, it was customary for military medical facilities to provide

³⁴ J. Stanley Lemons, "The Sheppard-Towner Act: Progressivism in the 1920s" *The Journal of American History* Vol. 55, No. 4 (Mar., 1969), pp. 776-786 DOI: 10.2307/1900152, The Social Security Act of 1935, 42 U.S.C. § 7 (1935).

medical care to the families of active duty soldiers and sailors. The rapid mobilization for war made this program no longer viable, as the number of soldiers (and thus eligible family members) skyrocketed.

Major General Charles Thompson, commanding officer at Fort Lewis Washington found in late 1940 that there was a healthcare problem on his base. As his hospital no longer had the ability to take care of soldiers' families, many of these families did not have access to any healthcare: income from the military, especially for lower ranking soldiers was inadequate to pay for private care and most social help boards had residency requirements that military families were rarely able to meet. The perceived need was particularly strong for maternity care, where the intersection of rapidly evolving obstetric practice and interbellum medical philosophy left many women expecting hospital maternity care, especially during their first pregnancy. Thompson appealed to the state health department for help, which in turn appealed to the Children's Bureau to use maternal and child health funds from the Social Security Act to fund this emergency.³⁵

As the Children's Bureau proved willing to provide funds and administrative support to this type of program, the scope of the Bureau's mission changed. Under Title V of the Social Security Act of 1935, the Children's Bureau had a generous mandate and purpose, especially compared to the early years of the Bureau. However, facing public opposition based on concerns about socialism, the bureau had still never funded medical care directly. Rather it provided funding to states to pay for medical care after the states had passed laws appropriating the prospective money according to the Children's Bureau's wishes. The Title V funding was completely inadequate for the number of

³⁵ Bradbury, "Five Decades of the Children's Bureau," 65-66. See also Apple, *Perfect Motherhood*, 55.

enlisted families that would potentially be eligible for care, and the review and approval process that the Bureau had used for funding it required legislative coordination with each of the states and thus would require years to fully implement.

Faced with an insurmountable challenge the Bureau adapted. Dr. Eliot developed a proposal and sent it to the Bureau of Budget, which in 1943 unanimously approved the proposal to create a new program – Emergency Maternity and Infant Care – EMIC for short. EMIC would cover the cost of medical, hospital, and nursing care for the wives and babies of men in the four lowest pay grades of the armed forces. Furthermore, EMIC would be administrated in house by the Children’s Bureau instead of by the states with Bureau supervision. Suddenly the Children’s Bureau was responsible for administrating a healthcare program that, in the limited confines it operated under, was essentially a “single payer” system. This was not only a new experience for the Children’s Bureau, but also for the nation. No single payer system of healthcare had been politically feasible in any substantial way up to this point in American history.³⁶

The audacity of the federal government making something like EMIC would not have normally been possible. However, the administrators at the Children’s Bureau understood politics and their own history well, and established several limitations on EMIC in ways the addressed the persistent objections they had dealt with for twenty years. First it was written as a war-time, temporary measure. This was consistent with other exceptional measures during the war that gave the government unusual control over the economy. Furthermore, EMIC was written in a way that appeared to be extremely

³⁶ Jennifer Klein, *For All These Rights: Business, Labor, and the Shaping of America’s Public-Private Welfare State* (Princeton: Princeton University Press, 2003), 116-118. A brief note that many of the sources used in this chapter came from following sources found in Klein’s work.

limited. The only individuals who were eligible for EMIC were the families of enlisted men in the armed forces, making it was not a “national” benefit, but rather a military benefit.

However, in the same phenomenon that would be demonstrated with the GI Bill in 1944, any legislation that was open to all enlisted men covered a large enough swathe of American society to make its impact normalized. Furthermore, EMIC was far broader than the GI Bill. It was meant to serve the family of soldiers to boost morale, and the Children’s Bureau were the ones that got to determine just what precisely family meant. In the case of EMIC, many Children’s Bureau chose to be liberal in how close of family qualified.³⁷

Administering EMIC was an exceptional challenge, and the Children’s Bureau felt the stakes were especially high. Most of the administrators in the Children’s Bureau by 1943 were committed New Dealers, and the sense throughout the bureau was that EMIC would form the foundation of a nationwide single payer national health care system, presumably launching after the war and incorporating various wartime programs into it (which is basically what did occur in the United Kingdom). As such, the

³⁷ Unlike the experience with the GI Bill, the Department of Labor administrators of EMIC ran the program in ways that were comparatively race neutral. The wives of minority service members did not face the object, blunt discrimination that their husbands would face from the Department of Veterans Affairs when attempting to access GI benefits. As EMIC was a payer system rather than a provider system, it did not have mechanisms to guarantee equal care. Thus poorer areas of the country suffered lower quality of care, but care that was generally available equally. See Louis Lee Woods II, “Almost ‘No Negro Veteran ... Could Get A loan’: African Americans, The GI Bill, And the NAACP Campaign Against Residential Segregation, 1917–1960,” *The Journal of African American History*, Vol. 98, No. 3, Symposium: “St. Claire Drake: The Making of a Scholar-Activist” (Summer 2013), pp. 392-417, and Dorothy Bradbury, “Five Decades of the Children’s Bureau,” in *The United States Childrens Bureau 1912-1972*.

Children's Bureau poured resources into EMIC, making sure that their best and brightest were working on the program.³⁸

While the Children's Bureau focused on EMIC, they greatly deemphasized educational campaigns and *Infant Care*. After all, if the goal was to build into a single payer system in the long term, and in the short term there was overwhelming demand for the single payer system they were building, did not it make sense to consolidate the Children's Bureau's informational services into the hands of its providers? *Infant Care*, even the more independent first version, had stressed that information from a booklet was no replacement for a doctor and that parents should consult regularly with physicians. As the Children's Bureau was planning to have physicians and nurses available everywhere and available to everyone, there was little reason to continue to put resources into these manuals. The research mandate from the war made updates to the booklets almost impossible anyways.

In addition to these challenges, Elliot was concerned that the Children's Bureau success with *Infant Care* was going to make it impossible for EMIC to continue and progress after the war. The Children's Bureau from 1943-1947 mostly abandoned their most successful product. Most of the funding that the Children's Bureau used for *Infant Care*'s publications program since 1935 had come via allocation from Title V of the SSA, and after that funding source expired the Bureau did not ask for the EMIC funding to include similar informational funding.³⁹

While the mandates of World War II were temporary, the changes they brought to some parts of the federal bureaucracy were permanent. For the Children's Bureaus, the

³⁸ Bradbury, "Five Decades of the Children's Bureau."

³⁹ Bradbury, "Five Decades of the Children's Bureau."

research function that had been a defining element of its first thirty years would never substantially return. During the war this fate was yet unknown, and the Bureau, unable to fill one of its historic roles, doubled down upon its other functions.

The publication of informational material, most importantly of *Infant Care* continued throughout the war and was not directly affected by wartime changes. However, the Children's Bureau had an increasingly challenging time updating statistics and accurately disseminating knowledge as without an ability to direct its own research it had to rely upon private organizations along with local and state health boards for information.⁴⁰

The death of Franklin Delano Roosevelt also had a clear impact on the Children's Bureau. Elliott and the staff at the Children's Bureau continued to believe in and plan for expansions of EMIC. However, interest from the Department of Labor greatly diminished after Frances Perkins resigned in June of 1945. After the mid-term elections of 1946 brought large Republican majorities to both houses of Congress, the unlikely possibility of an expansion of EMIC died.

This left the Children's Bureau in a diminished position. The leadership had spent the last five years encouraging staff to believe in a single payer future for maternal and infant care, and had not planned on losing the fight. As such, there were no alternative plans in place for what to do to continue the necessary work of facilitating healthy babies.

As the Baby Boom materialized in the immediate post-war period, the demand for new information, more information, and better information exploded. The Children's

⁴⁰ Dorothy Bradbury, "Five Decades of the Children's Bureau," in *The United States Children's Bureau 1912-1972*, 54.

Bureau had no institutional strength to meet this demand. Furthermore, the Children's Bureaus budget process meant they would need to make new requests to continue or renew their publications, a much harder ask from Congress than renewal of funding. As EMIC wound down over 1947 and 1948, the Children's Bureau ended up being in the position of telling new and expectant parents that it could not help and that it did not have the resources they requested. As the Children's Bureau and the public option for health care were marginalized, collateral damage took the Bureau's education and advice section down as well.

The Children's Bureau had an enormous institutional advantage to provide education and advice. It had been successful for thirty-five years, distributed millions of booklets, and had an administration that well understood the complicated politics of crafting educational material for new parents. The pleasing language that had been so important to the first versions of their booklets still partially remained. While never mastering the political situation or gender dynamics, the Bureau's administrators had at least survived these challenges and been successful in their mission for thirty years. Unfortunately for supporters of the public option, a viable alternative that could coincidentally meet these challenges arose in Dr. Spock's *Baby and Child Care*.

Dr. Spock consistently argued that the reason for his success was the content of *Baby and Child Care*. When Spock began writing *Baby and Child Care* in 1941, he had been in the private practice of pediatrics in New York City for eight years. A relatively young and inexperienced doctor, he had yet to develop the kinds of stubbornness that frequently arrives from decades of expertise in a profession. However, more important to Spock was that he had practiced pediatrics with a deep interest in psychology.

Spock had gone through a psychiatric internship at New York Hospital - Cornell, was a believer in Freudian psychoanalysis and had undergone years of psychoanalytical training. These were extremely unusual for a pediatrician. He posited that when he was originally approached in 1938 about writing a book on child care, there were perhaps only a handful of pediatricians with psychoanalytic training in the entire nation. He found the most logical reason for the accomplishments of *Baby and Child Care* to stem from the behavioral approaches he took to parenting motivated by a psychoanalytical understanding of the child. Spock humbly argued on many occasions that any similarly trained physician could have done equally well.

The reasoning of Dr. Spock undersells several critical components of *Baby and Child Care*, especially in the context of the broader consumer culture. A unique viewpoint could help Spock rise to the top of the consumer marketplace for baby care advice, but that description does not adequately express the incredible importance of Dr. Spock to post-war America. Instead of merely rising to the top of a market, Spock was so popular as to create an essentially new consumer marketplace out of whole cloth. Furthermore, his argument about the importance of his psychoanalytical component only partially matches the historical record.

Spock received countless pieces of correspondence from fans of his book wishing to share their experiences or seeking advice. Most of the advice requests came from parents of older children sincerely worried about misbehavior and having been stymied by non-psychoanalytically attuned physicians were writing for consulting help. Spock responded to all of these letters, though always with generic advice about community

resources that would help the families find counseling or other psychological tools closer to them.

Having written so many responses, it is understandable as to why these cases were so noteworthy to Spock. However, they were not the majority of his mail, or of his public impact. As thousands of letters testified to, most parents found his work to be most useful in caring for infants with general advice, a topic to which he devoted slightly over fifty percent of his book. This shows how, despite Dr. Spock's perception, it was not merely due to Spock possessing an exceptionally useful psychoanalytical and pediatric skillset, but rather due to an incredible confluence of personal factors and historical factors that were entirely outside of his control that helped create the private advice market for new parents.⁴¹

The first factor that helped Dr. Spock become "America's Baby Dr." was that Ben Spock was an excellent writer. He began writing *Baby and Child Care* during World War II while serving as a Lieutenant Commander in the Navy. Though little of the drafts of *Baby and Child Care* survived, many of his articles written after the war were preserve, and these articles from the 1950s and 1960s contain extensive draft versions. These show that Spock was a careful, clear, and exceptionally meticulous writer. The importance of pleasing and clear writing to effective parenting advice had already been demonstrated by hard trial and error at the Children's Bureau for twenty years. For Spock it came almost naturally.

Spock demanded excellence from himself, and from anything that was going to be associated with him. He turned down many different TV and radio requests over the

⁴¹ See General Correspondence, Boxes 4-8, Benjamin Spock and Mary Morgan Papers, Special Collections Research Center, Syracuse University Libraries.

years, including several extremely lucrative opportunities because he categorically refused to follow any script that he had not approved (and most likely re-written). Even when speaking for something as relatively inconsequential as a local radio ad in support of water fluoridation, Dr. Spock took a script given to him, manually edited it, retyped it, and then still made further edits to conform to his style of diction and standard of clarity. He had a vision of what clear writing was, and he consistently devoted himself to fulfilling this vision.⁴²

Spock credited his mother for his exceptionally picky, but astoundingly clear, writing style. As a child, when he was away at boarding school, visiting relatives, or on vacation at camp, his mother held him to an exceptional standard for letter writing. If he did not include every single detail of his day in his letters, she would write back with long lists of questions. When he forgot and allowed a single day to go by without him writing home, he was threatened with immediate cancellation of the rest of his trip if he did not immediately comply. These strong influences forced him to develop skills at written communication, and most importantly taught him to expect writing to be an arduous but necessary process. These beliefs helped Spock to develop his finicky writing style, which in turn was a major factor in making *Baby and Child Care* easily accessible.⁴³

Ben Spock's wife Jane also played an important role in his success. Her influence on his writing of *Baby and Child Care* was tragically under-emphasized. As Spock was in the Navy during the writing process, he had to get creative to make progress on the book. Jane was essential to this effort. Every day in his free time Ben would make handwritten progress on the book – either on new sections or old edits. Then every

⁴² Box 164, BBC, Ben Spock Papers.

⁴³ Spock, *Spock on Spock*, 133.

evening he would call Jane on the telephone long-distance and would read off that day's text and changes as she typed them on a typewriter. She mailed the results back to him.

Jane provided more than just her labor to the book. She also provided a large amount of practical information that he could use for the book. Ben had been relatively uninvolved in the rearing of his own children (as was typical for men at the time), and so his advice was frequently less than useful. Jane made significant changes to the content of the text, both directly while on the phone with Ben and without his apparent knowledge. The long distance from his wife, and the lack of real-time interaction with the text meant that Jane could cut, add to, and revise his text substantially as she saw fit. Especially in the infant care part of *Baby and Child Care*, she seems to have done this regularly.⁴⁴

The system the Spocks used to write *Baby and Child Care*, which was only possible because of the exceptional circumstances caused by World War II, made it possible to circumvent the cultural gender norms that made it so impossible to write a good work of education for the family. When men are not attenuated to family affairs and family life, and women are not allowed to become experts, there is no way to write authoritatively about family life. Spock thus nicely avoided this problem, which had challenged the Children's Bureau in the 1920s and 1930s when medical experts demanded that *Infant Care* present their expertise rather than that of mothers. Jane Spock, valuing her own knowledge and refusing to let her husband be wrong by silently sitting beside him as he wrote *Baby and Child Care*, subverted cultural norms to the benefit of all. Without the long distance caused by the war she probably would not have

⁴⁴ Lynn Bloom, *Dr. Spock: Biography of a Conservative Radical* (Indianapolis: Bobbs-Merrill, 1972), 104.

been able to accomplish this, as she did not perform the same revisionary tasks in his later works that she did for *Baby and Child Care*.

Benjamin Spock was an unlikely leader of a consumer marketplace, especially one that came to functionally replace a government service. He had been a committed New Dealer and for most of his adult life he spent significant time engaging in liberal politics. He later wrote letters to Congress in support of the Medicaid and Medicare programs. He was deeply uncomfortable engaging in capitalism for himself. He complained bitterly to his publishers about the marketing of his book, but refused to hire a personal agent or publicist to help him negotiate for better terms. He strongly objected to the printing of product placement advertising in *Baby and Child Care*, but did not try to utilize his fame and prestige to enforce his desires. His publishers were professional and experienced, but not innovators. Nothing about Spock, other than the extensive connections from his upper class breeding and Ivy League education, suggested that he would, or even had the capacity to become a public figure of such prominence as “America’s Baby Doctor.”

His marketing skills and background notwithstanding, Benjamin Spock had incredible luck with *Baby and Child Care*. By combination of personal writing skills and especially because of a marriage that recognized and utilized gendered roles to its advantages during the war, Spock had the ability to take advantage of the baby boom. As the cold war heated up and politics came to appreciate the consumer nature of the American republic, Spock was able to become one of the most influential men in America.

Despite his millions of books sold, and his undeniably well-deserved position in American history, Dr. Benjamin Spock would not have had these achievements without the federal government first choosing to self-sabotage its position as the primary source of education about new parenthood. The Children's Bureau was at a weak point both with reference to the education division and to the organization writ large. As part of Truman's reorganization of the federal government, the Children's Bureau was split into two different components, with most of the Bureau relocating out of the Department of Labor. These structural changes would continue to marginalize the department until the Children's Bureau became an essentially faceless bureaucracy. As we will see in later chapters, this was not a unique story. Infant consumerism has often been successful when it has been positioned by happenstance to grow amidst the social fabric of the United States.⁴⁵

The transformation of the American system of infant advice from a public option to a consumer one has not been without risks. The advice from Dr. Spock has mostly stood the test of time, but this does not ameliorate the dangers associated with creating a role in society that makes it so that experts, potentially motivated by profits or politics are

⁴⁵ See Bradbury, "Five Decades of the Children's Bureau."

the ones giving child-rearing advice.⁴⁶ This is especially true when the profitability of different sources of advice is vastly different, as it proved to be for Spock.⁴⁷

⁴⁶ In certain conservative circles, Spock's child rearing advice is viewed as one of the more harmful developments of the twentieth century, following the argument that the permissiveness that he allegedly encouraged in childrearing led to the counter-culture and sexual revolution in the 1960s and 1970s. See Larry Schweikart and Michael Allen, *A Patriot's History of the United States: From Columbus's Great Discovery to the War on Terror* (New York: Sentinel HC, 2004).

⁴⁷ For example, Ben Spock made vastly larger sums of money off his syndicated columns and on the speaking circuit than he made from the publication of *Baby and Child Care* and his other (less successful) books.

CHAPTER 3: NUTRITION

Historically and still today, infants have been nourished by three principal means: women feeding children directly from their bodies, women feeding children from their bodies with the assistance of technology (generally pumps and bottles), and people feeding infants via breast-milk replacement formula. In choosing between these methods, mothers navigate in a consumer marketplace, guided by the sometimes competing directives of governmental policies, expert advice, corporate marketing, their own personal and financial resources, family traditions, and personal preferences.

One of the important developments of the consumer revolutions of the twentieth century was that consumer activists demanded more information about products to guide purchasers. The principle was that with more education, buyers would be able to make better, “more modern” decisions. This idea is perhaps best seen in the consumer rights statement John F. Kennedy included in his special message to Congress in March of 1962. He argued that every person deserves “The right to be informed--to be protected against fraudulent, deceitful, or grossly misleading information, advertising, labeling, or other practices, and to be given the facts he needs to make an informed choice.”

As applied to nutrition regulation, the inclusion of reasonable information allowed consumers to make choices that correctly navigate their personal situations. For example, nutritional information that explicitly lists ingredients allowed individuals to buy processed food with reasonable certainty of avoiding known allergies. Similarly,

individuals looking for high iron content in their diet could use the regulated supply of information to achieve this goal. The result has demonstrated the value of well-informed choices. Consumer advocates argue that correspondingly, consumers deserve accurate information and education, which should then help to effectively regulate the marketplace.

However, the history of infant nutrition in America has shown that this principle of consumerism breaks down when applied to infants. Because the decision makers about infant nutrition were not engaged with the results of their decisions (they do not consume the nutritional choices), they instead engaged in a guardian consumerism.⁴⁸

Guardian consumers have powerful reasons to resist believing in new scientific and technological information. Because guardian consumerism is not for oneself, but rather for people who are helpless and completely reliant on their guardians to make decisions for them, new ideas are problematic. Normally evidence of a new and better way can be a compelling information, but for a guardian, it also has a judgement attached, that implies the guardian has not previously been acting in the best interest of their child. Correspondingly, new recommendations imply that parents were negligent and inferior. Guardians can thus be resistant consumers, because they have powerful motivation to avoid learning better ways and new information.

The history of parents choosing between breastfeeding and formula feeding has been controversial since before World War II. When choosing the method to feed their children, parents have throughout the twentieth century been persuaded to view the

⁴⁸ John F. Kennedy, "Special Message to the Congress on Protecting the Consumer Interest." March 15, 1962. Online by Gerhard Peters and John T. Woolley, *The American Presidency Project*. <http://www.presidency.ucsb.edu/ws/?pid=9108>.

choice as one about the child and its health. Parents were thus encouraged to act as guardian consumers. This history, stretching the entire twentieth century, illustrates how guardian consumers act in ways that are unlike normal consumers.

To understand how guardian consumerism causes education and incentives to break down in infant nutrition, it is easier to start with a simple component of the system of infant nutrition. The baby bottle is an object that plays an essential role in this history, while avoiding much of the scientific controversies that surrounded other nutritional choices. While the bottle can be used to feed a child formula, assuming that the parents will use it to feed the child expressed milk allows for a simpler analysis. Under these terms, the baby bottle illuminates why nutrition is such a complicated consumer choice.

Consider the bottle as a functional object in comparison to its historical alternative the breast: it is more expensive and more labor intensive, while being less sanitary and prone to more waste. To operate at maximum safety, it requires assumptions about the caregivers, the community, and the local water supply. It increases household labor in several ways that historically creates more work for mothers. In sum, the baby bottle is a consumer good that is typically inferior to the natural alternative.

However, there were many reasons why the bottle might have been the correct answer for providing infant nutrition. For example, some women could not generate sufficient milk, or for various health reasons should not have fed their children directly. In addition, many children, especially those with developmental delays, had difficulty gaining sufficient sustenance from direct breast-feeding. Importantly, these examples rely on personal, qualitative metrics and careful evaluations predicated on observational data which inexperienced parents were ill-equipped to make.

Consider the baby bottle as a physical object. The material composition of the bottle has changed significantly over the course of the twentieth century. During the early part of the twentieth century bottles existed with most of the basic form and function parents would recognize today. These bottles were manufactured from glass, with Pyrex borosilicate being the most common type of glass in the United States. However, there were several oddities about bottles.

Bottles saw frequent innovation in design, as individuals have cared to try to improve the product. Despite thousands of patents on bottle designs submitted in the United States from a wide variety of sources, only an extremely small number of designs have seen commercial production. Furthermore, innovations have only slowly and gradually impacted bottle function. Finally, bottles and innovations in bottle technologies that achieved commercial success stayed very close to conventional norms.

Other nations had a much wider array of design ideas about both basic form factors and functional purpose of bottles. In the late nineteenth century, invalid feeders, occasionally known as pap boats, were common on the European continent, but extremely rare in the United States. Notably, most pap boat manufacturers did not attempt to nor see a need to comply with the McKinley Act of 1891, as these feeder types were not used by Americans.⁴⁹ The relatively homogenous American marketplace for bottles could and would welcome change, but only in highly specific ways.⁵⁰

⁴⁹ The McKinley Act required that products to be sold in the United States truthfully label their country of origin.

⁵⁰ Sara Jean Binder, *A Guide to American Nursing Bottles* (The American Collectors of Infant Feeders, 2001) as well as www.babybottle-museum.co.uk for authoritative guides and exhaustive samples of bottles throughout the twentieth century.

The amount of time it took for plastic bottles to become available in the United States illuminates the complexities of even simple transformations. That manufacturer self-interest was a critical prerequisite for change in the American marketplace can be seen in the evolution of bottles from glass to plastic. Plastic as a material offered two intrinsic and one conditional advantage over glass for the use in baby bottles. The first advantage was that many plastic resins were essentially shatterproof. While durability was not the only concern with glass bottles, it was a prominent concern throughout the early twentieth century. Sears emphasized the difference in durability and quality between cheap glass bottles and their stronger Pyrex versions as early as 1925. Sears consistently advertised multiple tiers of glass quality available, giving American consumers options in buying that implied class stigma, which was focused primarily on durability.⁵¹

The second advantage plastic bottles had over glass bottles was that they were lighter in weight. This advantage was substantial, with plastics typically having half of the weight of similarly sized glass bottles. This difference was exacerbated when comparing plastic to cheaper glasses, which were heavier than the more expensive borosilicate Thermoglas and Pyrex. For obvious reasons bottles were never manufactured in sizes too heavy for typical adults to hold. Manufacturers' resistance to and late adaptation of resin bottles showed a marketplace that was non-responsive to innovative changes.

The marketplace did not innovate because both consumers and their lack of interest in shopping around were not valued, but taken for granted. This is bolstered by

⁵¹ See *Sears and Roebuck Co. Spring and Summer Catalog 1925*, 470; 1938, 133; 1955, 296-297.

how popular, advertised bottle designs lacked ergonomic or cleanliness considerations until after 1950. The resistance of the marketplace to change, even changes that were almost entirely positive was profound. As with other areas of infant care, bottle materials and composition proved to be a marketplace that inspired thousands of innovative attempts, but that also resisted basic changes.

In this system, the way in which plastic went from absent to the norm for baby bottles is noteworthy. Plastic resins of grades appropriate for baby bottles were commercially available and affordable as early as the late 1930s. Despite this, plastic was not adapted widely in bottles until the 1960s and 1970s. Furthermore, once companies started marketing plastic bottles, they did so at significantly inflated prices. As the Sears advertisement in figure 3.1 shows, advertising schemes used a defined hierarchy of goods extending from cheap soda-lime glass at the bottom end, to expensive plastics at the top end. This price scheme was in opposition to production and material costs, where plastic bottles rapidly became significantly cheaper than glass bottles. The introduction of plastic bottles was thus done with a simple goal: to make the new product a hierarchical fashion choice which distinguished on price points. Bottle material became a way to display social class.⁵²

⁵² Sears and Roebuck Co., *Spring and Summer Catalog 1964*, 578.



Figure 3.1: Sears Catalog Bottle Advertisement, 1964

The simplicity of the artificial class narrative that can be seen in price point marketing above is complicated by several related factors. One element about plastic bottles that made class differences more distinct is that plastics required more complicated cleaning than glass bottles. Glass bottles could be viably cleaned by “terminal cleaning,” a process that requires simply boiling the bottles in water for sterilization (Pyrex bottles handled this process the best). However, this method was inappropriate for cleaning plastic bottles, as parenting literature made clear. The boiling water could warp the plastic, compromising the integrity of the bottle. Thus a proper cleaning for plastic bottles required a steam bath, typically in an appliance designed exclusively for that purpose. The alternative greatly intensified the amount of labor required to safely prepare bottles. These added substantial costs to plastic materials, which put plastic further outside the realm of affordability for many working-class and poor mothers. This was part of the appeal of plastic bottles and being on the cutting

edge. After becoming status symbols, the plastic bottles and the complicated technological appliances needed to clean them practically sold themselves, especially in the consumer's republic of the Cold War.⁵³

While the benefits and costs of plastics for bottles have been discussed above, one critical element has not yet been examined: Bisphenol A. Bisphenol A (BPA) is a synthetic chemical that is used as a hardener, and since 1950 has been used in most polycarbonate plastics, as well as in the linings of most metal food packages. It was present in every major food supplier, and certainly in almost every plastic baby bottle manufactured in the post-war period.

Beginning in 1997, a series of studies originally by the Consumers Union started questioning if there were harmful consequences of ingesting BPA. Over the next fifteen years, these resulted in a body of literature that found deeply problematic health consequences from BPA exposure, especially for infants and young children.⁵⁴ Further studies demonstrated that BPA leached out of plastic resins, especially those that had been terminally sterilized. *Consumer Reports* issued recommendations in 2004 that consumers should avoid BPA in any product that comes into contact with food or drink.

In 2012, the Food and Drug Administration officially banned the usage of BPA in baby bottles “at the request of the American Chemistry Council, at least in part to boost consumer confidence.” At the time of the ban, the FDA noted that this was a regulation by abandonment, meaning that they were creating a regulation that was

⁵³ Spock *Baby and Child Care*, 25-35; Sears and Roebuck Co., Catalog 1964. For American consumerism in the Cold War see Lizabeth Cohen, *A Consumers Republic*, 112-165.

⁵⁴ BE Erickson, "Bisphenol A Under Scrutiny", *Chemical and Engineering News* (American Chemical Society: 2 June, 2008) 86 (22): 36–39.

supposed to not have any impact on the marketplace, as all participants were already in compliance.

Even though there was a serious, long-standing health problem caused by a component of baby bottles, the government played almost no role in the process. From studies led by consumers to regulations led by industry, the technological transformation away from BPA was accomplished at the behest of those who had a vested financial stake in the baby nutrition marketplace.⁵⁵

All three situations discussed above about the material transformation of baby bottles show guardian consumerism at work. First there were credible marketplace choices with significant trade-offs involved. These were transformed artificially into a narrative of moral correctness existed which an artificial hierarchy of choices – expenses that were synthetically created so that the guardian has a luxury option to feel required to buy. The efficacy of these choices was further mediated by contingent situational facts that changed the validity of normative guidelines. Finally, there is a passive federal government that allows a marketplace to develop, by its unwillingness or inability, to engage in close regulation of family life.

The baby bottle as an object illuminated the passivity of the government about engaging in regulating products purchased by American families, the willingness of advertisers to create artificial hierarchies that tried to imbue parenting decisions with moral value (e.g. being right or wrong and thus either good or bad parents), and of Americans to accept these conditions as part of society. However, while the problems

⁵⁵ Sabrina Tavernise, “F.D.A. Makes It Official: Chemical Can’t Be Used In Baby Bottles and Cups,” in *New York Times* (July 18, 2012), A15. See also, SDG Press Release “Announcing the launch of www.babyfriends.com” http://www.sgd-pharma.com/IMG/pdf/Press_Release_-_Baby_Friends.pdf

with bottle materials illuminated structural problems for buying goods for babies, it was on an extremely modest scale. Bottle materials were not an exceptionally high stakes area of consumer activism or consumer activity, even among those who focused their efforts on babies and their nutrition. Instead the highest stakes battle in infant consumerism in post-war America was fought over what was used to fill baby bottles.

The competition to influence parents' choice between formula and breastmilk was one of the fiercest consumer battles of parenting in the twenty-first century. New parents endured exhaustive lectures from passionate advocates on both sides of the divide. Strangers and family members proselytized about of the right choice. Parents were offered free materials on the convenience of both formula and milk. New parents received unsolicited milk storage bag samples and formula samples using data milled from them when they created a baby registry or bought unscented lotion. The story of formula versus milk is the story of how exactly this contest came about. It is a story of coincidence and science, advertising and cultural norms.⁵⁶

There is a widespread misperception that formula has changed significantly during the period from 1950 to 1980. This is not true. During that period, there were major changes to the way formula looked, but these were not technical changes. They were the result of choices by formula companies about how much water to keep in the formula as it was manufactured. Throughout the whole period, an overwhelming majority of all “formulas” used since the late nineteenth century were altered cow’s milk.

Cow’s milk differs from human milk in a wide variety of ways. However only two of these are of primary importance regarding the feeding of infants: cow’s milk has

⁵⁶ Authors experience.

too many salts and too few sugars for human babies. From the earliest formulas on record, to the most sophisticated models of the twenty-first century, formulas basically consisted of cow's milk that is slightly diluted with water and then sweetened with sugar.

Especially as understanding of disease in food products became better known, it was far more common to use evaporated cow's milk rather than fresh (even pasteurized) milk, as well as more convenient because of the extra shelf-life of evaporated milk. Many pediatricians considered the ability to recommend the proper composition of infant formula to be the mark of a good doctor, and had specific variations they would use for constipation, fussiness, or other perceived or real conditions. These custom formulas generally involved changing out the added sugars or slightly altering the quantities of sugar.

As early as the 1920s in the US there were manufacturers creating milk products specifically to serve as infant formulas. The number of these products expanded, and during the 1950s and 1960s manufacturers began to remove salts from the evaporated milk and to sweeten it themselves to make proprietary formulas. By 1964 half of all infants were fed this type of manufactured formula.

The manufactured formula product that consumers bought and parents used changed dramatically in the period after adaptation of manufactured formula. This change was not nutritional, where the contents were essentially the same, but value-added. From 1960 to 1990, most formula sold was concentrated liquid, to which water would be added, with a significant third of the market share going to pre-packaged ready to eat formula, and only a small portion of formula sales in powdered form. Between 1990 and 2000, powdered formula grew from twenty-five percent of the formula market

to over eighty percent of the market. Though all three types of formulas had been manufactured since the 1950s, and were essentially continuations of evaporated milk formulas that went back commercially to the 1920s, because the powdered product was generationally different, many Americans understandably believed the product to be entirely new.

While manufactured formulas have continued to evolve and new research has modified the contents of baby formulas, generally to more closely emulate breast milk, these changes were extremely modest. Thus, while there were visual and tactically significant differences between formulas used in 1960 and those used in 2000, the actual product in each case provided nearly identical nutrition. The changes over time were not nutritionally significant.⁵⁷

While formula components have only slowly and modestly evolved, formula use in the United States has changed significantly over time, growing steadily through the twentieth century until peaking around 1980. Most previous historians have ascribed this growth to the influence of formula manufacturers and their effective advertising programs. Historian Amy Bentley argues that corporations could take advantage of parental desires for the best for their children to convince parents to adopt the new, manufactured solution for providing nutrition to their children. Child care experts even lined up on the side of this technological paradigm.

⁵⁷ Samuel J. Fomon, "Infant Feeding In the Twentieth Century: Formula and Beikost," *The Journal of Nutrition* February 1, 2001 vol. 131 no. 2 401S-408S. The modest changes in formula recipes in many ways echoes the ever-changing safety regulations discussed in Chapter 4. It is entirely possible that they serve the same function, to provide a large amount of perceived value to consumers while encouraging additional consumption.

Bentley extends her argument about the role of formula by considering infant nutrition as a mechanism of social distinction. No longer would modern women be subjected to the barbarism of baring their breasts for the nourishment of their young, as was naturally common for darker skinned mothers in the rest of the world. Further bolstering the whiteness argument was that until the 1970s only white families were used in the United States for advertisements of baby food.⁵⁸

While there is some truth in these arguments of Bentley, they overlook several important explanations for why and how formula became popular. There were child care experts who insisted that formula was better for babies than milk. However, that does not mean a plethora of child care experts agreed with this. Indeed, the prominent journal *Pediatrics* ran peer-reviewed articles extolling the virtues of breast-feeding instead over formula, and published editorials comparing the merits of breast-feeding throughout the period of formula expansion. Nor were the experts that the formula companies had as allies particularly popular with parents.

Ben Spock's *Baby and Child Care* was by far the most influential book in parenting advice between 1945 and 1970. Not only was Spock a clear and prolific author, he was unwavering in his opposition to formula and his insistence that the natural way was generally the best for mothers. Surely some experts disagreed with this, but the evidence mounted in opposition to formula. There was no overwhelming case of medical

⁵⁸ Amy Bentley, *Inventing Baby Food: Taste Health and the Industrialization of the American Diet*, (Oakland, University of California Press 2014), ch 2 and 3. See also Rima Apple *Mothers and Medicine: A Social History of Infant Feeding 1890-1950*, and *Perfect Motherhood*.

experts approving formula and discouraging breastfeeding, at least not among the most important medical sources.⁵⁹

Advertising as a source of influence favoring formula is a distinct possibility as well, but the balance of evidence suggests this is false. The number and variety of advertisements for baby formulas that parents could encounter in the post-war period was astonishing. Campaigns, both simple and sophisticated graced the pages of books, magazines and coupon fliers. They appeared on the radio and on TV, and in doctors' offices waiting rooms. Free samples and educational materials could be had at local grocery stores, gotten from parenting groups and many places in between.

The efficacy of these advertisements and their omnipresence felt overwhelming to La Leche League International (LLL) members. The LLL, which rapidly became the La Leche League International, was founded in 1956 in Chicago by a group of seven breastfeeding mothers. They gathered together in solidarity around breastfeeding, to support each other, and to share their knowledge of breastfeeding. This last part was rather important as most physicians had little knowledge of breastfeeding. The LLL was structured around small community chapters of breastfeeding women, who would gather

⁵⁹ Benjamin Spock, *Spock On Spock*, 153-154; Samuel Stone and Harry Bakwin, "Breast Feeding" *Pediatrics* (November 1948 Vol. 33, Issue 5), 660-667; William E. Laupus, "A Commentary on Breast Feeding" *Pediatrics* (September 1966 Vol. 69, Issue 3), 506-507. One significant reservation to these statements is that there was considerably less consensus on how long nursing provided any advantages and at what stages to introduce various new foods. Physicians also seemed rather particular on this point. For examples see Dear Abby syndicated column from September 1959 consulted in Sept 21 1959 *Chicago American* archives and *Chicago Today* October 14 1969, both in LLL archives.

regularly at one of their houses with their babies to socialize and have a community of support for breastfeeding.⁶⁰

LLL grew rapidly. By 1960 there were international groups, and by 1964 it had spread beyond the western hemisphere. LLL became the most prominent worldwide proponent of breastfeeding. In the twenty-first century, it is active in over eighty countries. While it originally had cultural ideas about family life that were religious, LLL has always strived to be a non-denominational group. The LLL founders argued that creating maternal expertise networks and deploying this expertise through social networks was what allowed LLL to be an effective organization that grew rapidly across the United States and eventually across the entire globe.

Part of the early success of the LLL came from its members' specific set of assumptions as to what had caused the transformation of America away from natural milk and toward formula. As an early LLL pamphlet explained, "There is great pressure on each of us to bottle feed. Demonstrate this to yourself by looking over baby care magazines. How many pictures are there of formula equipment as compared with pictures of breast feeding babies? Then if you have the chance, look over a medical journal... you will be surprised to see the number of full page ads for artificial feeding

⁶⁰ La Leche League was given its name from Spanish, which literally translates as "The Milk". If the title was used as a Spanish translation, it would be grammatically improper to use articles before the name of the league. However, the league itself uses the "La" in its title not as an article but as part of the official title. A LLL spokesperson clarified... literally means "A The Milk League spokesperson clarified...", which is obviously nonsensical. Since it was founded LLL has had a name that is grammatically confusing to Spanish speakers, and has chosen that its tradition is more important than an ease of international grammar. As such, the "la" in La Leche League is used throughout this piece as titular rather than a translated article.

compounds. No one spends thousands of dollars a year advertising breast feeding.”⁶¹
This writing shows just how effective post-war advertisements could seem.

However, looking just at these advertisements ignores the broader context of the post-war consumer marketplace. The raw number of ads that new parents would see was extremely large. *Parents Magazine*, one of the more popular parenting manuals is indicative of this. In the decade between 1947 and 1957, each monthly issue had approximately one hundred pages, with advertisements on just under half of those. Of these advertisements, there were a number of ads for baby foods and food paraphernalia.

The raw numbers of advertisements for baby foods were relatively low, with some issues having only two or three advertisements for baby foods, and others maxing out at five or six. Six advertisements in a single magazine for baby food seems like a lot, but in the context of fifty pages with advertising, many of them with multiple advertisements, the impact is mitigated. What seems far more reasonable in the context of these numbers is a response bias from both activists and researchers. Activists were on the lookout for baby food advertisements and so those particular ads stood out in parenting magazines, even though their frequency of appearance was similar to many other products.⁶²

Race identity and a search for distinction is a seemingly obvious though oblique source of the post-war transformation in infant nutrition. An interesting postscript to Bentley’s work on the racialization of breast feeding (see above) took place in the early twenty-first century when breastfeeding mothers inverted racially – and breastfeeding

⁶¹ Niles Newton “Shall I Breast Feed My Baby”, n.d., box 4, folder “early pamphlets”, Le Leche League International Papers, DePaul University.

⁶² *Parents Magazine*, 1947-1957, all charting and documenting performed by author.

became a predominately wealthy and white nutrition delivery system. However, the distinction that Bentley identifies as racial was not always a racial, or even a class system. This is clearly seen through the work of the La Leche League and their advocacy for breast-feeding.

In a very particular sense, La Leche League was a political organization, at least of a specific type of consumer politics. The La Leche League archives from the 1950s and 1960s have a large variety of materials that extol the virtues of breast feeding as part of a natural parenting system – speaking of it as nature’s birth control, and using language that focuses on family and religious formation. This was evidence of a group that certainly was looking for community via distinction, but to call that distinction one based on whiteness and racial formation is inaccurate. Instead it is better to think of the culture of infant nutrition as providing a cultural distinction, with the understanding that the resulting culture would regularly be synonymous but not coterminous with racial formation.⁶³

Previous historians have not been wrong in their judgments of this infant nutrition consumerism. However, they have been incomplete. The weaknesses in their arguments as discussed above were not fatal, but rather circumstantial complications. In short, they inaccurately portrayed the infant consumerism surrounding breastfeeding because they were not precisely trying to understand infant consumerism. The result is that previous scholarship has accurately identified the growth of infant nutrition consumerism but for corollary not causal reasons. A more precise view of what caused this development can

⁶³ See Mary White “Does Breast Feeding Space Babies”, n.d., box 4, folder “early pamphlets”, Le Leche League International Papers, De Paul University.

be arrived at by starting with an appreciation for the challenges of social public health experiments on the national level and the impact these have had on society and culture.

As discussed in the previous chapter, the twentieth century has seen a spectacular reduction in maternal and infant mortality rates. Today, most experts suggest that these changes were caused by improvements in sanitation, vaccinations, nutrition, and medicine. While the relative importance of the four categories has been and will remain contested, the improvement they collectively had on society was vast. The infant mortality rates in the sickest and poorest countries on earth in 2015 are lower than the rates were in some of the wealthier communities in the richest nations during the late nineteenth century.⁶⁴

This transformation in society had an unfortunate complication which helped to propagate medical misunderstandings. Most medical researchers agree that sanitation was the most important factor in this change and that medicine was the least.⁶⁵ However this was not clear to medical practitioners, public health officials, or parents while the transformation in the United States was ongoing. Thus, the medical approach to childbirth became intransigently fixated on ideas and procedures which today experts would consider irrelevant or even improper.

There are several pertinent examples of this medical behavioralism that come to bear on infant nutrition. The first was the sincere belief that mothers were a primary source of contamination and disease for their children. Mothers delivering babies in

⁶⁴ See Chapter 1, note 20.

⁶⁵ Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC. “Achievements in Public Health, 1900-1999: Healthier Mothers and Babies” Oct 1, 1999
<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4838a2.htm>

hospitals, especially in the early to mid-twentieth century had better outcomes than those delivering in more traditional environments. Hospitals, which had long struggled unsuccessfully against germs, increasingly adopted sanitation requirements that made them relatively safe environments. Hospitals also could leverage expertise in their favor on behalf of sanitation – they could train their staffs on proper procedures and help those staff develop expertise in combatting germs.

These improvements were by no means ubiquitous or perfectly effective, but especially considering the low rates of diseases in maternity wards, hospitals made reasonable progress towards better conditions. Many physicians took this as further evidence that babies flourished best under supervised expert care, and especially should be far away from the harmful effects of their mothers. This attitude fed off class and racially based stereotypes from physicians who frequently dealt with poor patients.

Babies flourished in the strict rigid conditions that twentieth century modernized hospitals provided. This helped to increase typical hospital convalescence after childbirth through the early twentieth century. In the immediate post-war era a ten to twenty day hospital stay for an uncomplicated delivery was common. As babies thrived in this environment, physicians started severely limiting contact between newborns and their mothers while in hospital care. This was formalized by obstetric standards calling for minimized contact. The practice was not as scientifically based as the longer hospital stays. Instead it provided ways to ensure pliant parents who would follow the medical directives prescribed by the attending physician. Similarly, keeping infants on excessively regulated schedules enforced by the hospital also became more popular, and

infants seemed to thrive even when they were subjected to rigid schedules for feeding, changing, bathing, and sleeping.

For hospital and ward management, infant formula has myriad advantages over breast milk. It is easy to quantify consumption of formula. When forcing babies to eat on rigid schedules, it allows the child to feed potentially without inconveniencing the mother or the hospital staff.⁶⁶ Most importantly, it was hygienic and extremely easy to account for. Hospitals could and did have machines designed to optimally clean and sterilize bottles, stills to purify water for formula use, staff adept at making formula utilizing hygienic methods, and space and storage facilities that emphasized cleanliness. In addition, bottles were easy to customize to the individual baby using only small adjustments to the nipple. In comparison, mothers were much more complicated to manage, had wide varieties in their bodies, and might take days or weeks to develop adequate milk supply. The result was unfortunate but inevitable. Regardless of pediatrician recommendation or prescription in the 1950s a hospital delivery typically ended with a child thoroughly acclimated to a baby bottle filled with artificial formula.⁶⁷

The tragedy of this calculation was that after arriving home with the baby, a new mother had to face new and challenging paradigms. Expensive cleaning tools and reliable access to clean water, basic necessities for safe formula use, were much harder to

⁶⁶ This would be a rare circumstance. While it was certainly possible for infants to be fed by bottle from a source other than their mother, none of the descriptions and accounts of general practices of this period suggest that as a typical course of action. There are several accounts of bringing the baby to mother to feed (on a bottle), and existed a firm cultural expectation that feeding a newborn was a mother's work, even when she was feeding the child formula prepared by others and while the child was cared for primarily by others.

⁶⁷ See Spock, *Spock on Spock*, 153-154.

access and less convenient at home than at the hospital. Almost every advantage that formula provides over breast milk in a clinical setting was undermined inside the home.

As discussed above, the creation of the societal norm of formula for babies was not directly caused by even aided by formula companies. Rather, the primary reasoning was a combination of misunderstandings about the corollary and causal relationship between medical standards and healthy outcomes. However, as formula became culturally normal, it became hard to displace from the home.

Once formula became culturally normal, it rapidly commercialized. While later in the twentieth century consumer groups would bitterly oppose formula advertising and blame it for many cultural problems, their inclination to blame businesses is incorrect. A close examination of business advertising practices demonstrates that businesses adapted to meet an overwhelming market need, and did use their cultural power to create the popularity of feeding formula instead of breastmilk.

Examined over time, the product catalog illustrates how formula interacted with advertising. Sears Roebuck and Co was the most prominent mail order company in the United States, and sold a selection of baby nutritional goods throughout the entirety of the twentieth century in its general product catalog, which came out twice a year. In its catalog, Sears advertising focused on a baby layette – durable goods that were meant to last through at least the rearing of a baby.

Throughout the twentieth century Sears, like its main competitor Montgomery Ward, organized its catalog thematically. All supplies targeted toward babies were always together, so baby bottles were sold near cribs, car seats, diapers, and clothing.

However, the location of this section has varied significantly within the catalog structure, and indicatively so.

In the early part of the twentieth century, baby goods did not receive prominent placement within the catalog. The sections were generally near the end of the catalog, appearing sometimes as the very last section before the index. Also, it is relevant to note that baby supplies were few, and specifically feeding supplies were only sold with a few selections and options. Figure 3.2 shows, baby bottles and nutrition systems took up approximately a quarter of a page in 1910. These characteristics would stay relatively similar throughout the interbellum years: babies did not receive prominent placement within catalog structures, and there existed a relatively paucity of baby consumer products for sale. During World War II, this tendency worsened, as baby nutritional product illustration and offerings fell into single lines.

One particular innovation of the interbellum and war years was a transformation of advertising structure toward one that provided substantially more text, so as to present more advice and information. This trend was exemplified by the advertising for a complete baby layette, as seen in 1944 spring catalog (Figure 3.3). The page is cut into sixths, with prices and products taking up only the bottom right portion. The top right two thirds show pictures of clothing and an advertising scheme that was replicated inconsistently throughout time. However, the left half of the page is quite surprising and unusual: Two long paragraphs discuss the proper gearing for an infant, as well as how to properly care for the products.

EVERYTHING FOR THE BABY

Sterilized Rubber Shooting.
 Not the Cheapest but the Best. 10 Pages in
 a High class, Heavy Bound
 Magazine. Shooting, Fishing, and
 other sports. 100 pages
 and 100 illustrations.
 For immediate
 use for 50c.

Sterilized Rubber Shoeing.
 Not the Cheapest but the Best. 10 Pages in
 a High class, Heavy Bound
 Magazine. Shooting, Fishing, and
 other sports. 100 pages
 and 100 illustrations.
 For immediate
 use for 50c.

absorbent and sanitary purposes. This is not the
 cheap grade of absorbent but a superior, clean,
 pure, soft, in the best of two lots. This has
 been prepared and will give the greatest
 results. It is clean, pure, soft, and
 perfect. The only absorbent which
 does in cleanly and sanitary purposes. For
 use in hospitals, in homes, in schools,
 in hotels, in a very superior article.
 5 pages in the book.

| | |
|-------------------|------------|
| Box No. 10-30-35 | Price, 10c |
| Box No. 10-35-40 | Price, 15c |
| Box No. 10-40-45 | Price, 20c |
| Box No. 10-45-50 | Price, 25c |
| Box No. 10-50-55 | Price, 30c |
| Box No. 10-55-60 | Price, 35c |
| Box No. 10-60-65 | Price, 40c |
| Box No. 10-65-70 | Price, 45c |
| Box No. 10-70-75 | Price, 50c |
| Box No. 10-75-80 | Price, 55c |
| Box No. 10-80-85 | Price, 60c |
| Box No. 10-85-90 | Price, 65c |
| Box No. 10-90-95 | Price, 70c |
| Box No. 10-95-100 | Price, 75c |

O-M-O Nursery Shooting.
 A very fine grade of baby white prepared
 absorbent and largely used for making
 baby white. It is clean, pure, soft, and
 perfect. The only absorbent which
 does in cleanly and sanitary purposes. For
 use in hospitals, in homes, in schools,
 in hotels, in a very superior article.
 5 pages in the book.

| | |
|-------------------|------------|
| Box No. 10-30-35 | Price, 10c |
| Box No. 10-35-40 | Price, 15c |
| Box No. 10-40-45 | Price, 20c |
| Box No. 10-45-50 | Price, 25c |
| Box No. 10-50-55 | Price, 30c |
| Box No. 10-55-60 | Price, 35c |
| Box No. 10-60-65 | Price, 40c |
| Box No. 10-65-70 | Price, 45c |
| Box No. 10-70-75 | Price, 50c |
| Box No. 10-75-80 | Price, 55c |
| Box No. 10-80-85 | Price, 60c |
| Box No. 10-85-90 | Price, 65c |
| Box No. 10-90-95 | Price, 70c |
| Box No. 10-95-100 | Price, 75c |

Absorbent Cotton.

This is the superior Johnson & Johnson's Best
 Green Absorbent Cotton. Clean, pure, absorbent
 and perfect. It is a convenience
 in hospitals, in homes, in schools,
 in hotels, in a very superior article.
 5 pages in the book.

| | |
|-------------------|------------|
| Box No. 10-30-35 | Price, 10c |
| Box No. 10-35-40 | Price, 15c |
| Box No. 10-40-45 | Price, 20c |
| Box No. 10-45-50 | Price, 25c |
| Box No. 10-50-55 | Price, 30c |
| Box No. 10-55-60 | Price, 35c |
| Box No. 10-60-65 | Price, 40c |
| Box No. 10-65-70 | Price, 45c |
| Box No. 10-70-75 | Price, 50c |
| Box No. 10-75-80 | Price, 55c |
| Box No. 10-80-85 | Price, 60c |
| Box No. 10-85-90 | Price, 65c |
| Box No. 10-90-95 | Price, 70c |
| Box No. 10-95-100 | Price, 75c |

Sterilized Gauze.

This is the superior Johnson & Johnson's Best
 Green Sterilized Gauze. Clean, pure, absorbent
 and perfect. It is a convenience
 in hospitals, in homes, in schools,
 in hotels, in a very superior article.
 5 pages in the book.

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| Box No. 10-30-35 | Price, 10c |
| Box No. 10-35-40 | Price, 15c |
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| Box No. 10-50-55 | Price, 30c |
| Box No. 10-55-60 | Price, 35c |
| Box No. 10-60-65 | Price, 40c |
| Box No. 10-65-70 | Price, 45c |
| Box No. 10-70-75 | Price, 50c |
| Box No. 10-75-80 | Price, 55c |
| Box No. 10-80-85 | Price, 60c |
| Box No. 10-85-90 | Price, 65c |
| Box No. 10-90-95 | Price, 70c |
| Box No. 10-95-100 | Price, 75c |

**Graduated Nursing
Flasks.**

Graduated to hold 1 ounce,
 and also, marked with
 ounces, for use in
 hospitals, in homes,
 in schools, in hotels,
 in a very superior article.
 5 pages in the book.

| | |
|-------------------|------------|
| Box No. 10-30-35 | Price, 10c |
| Box No. 10-35-40 | Price, 15c |
| Box No. 10-40-45 | Price, 20c |
| Box No. 10-45-50 | Price, 25c |
| Box No. 10-50-55 | Price, 30c |
| Box No. 10-55-60 | Price, 35c |
| Box No. 10-60-65 | Price, 40c |
| Box No. 10-65-70 | Price, 45c |
| Box No. 10-70-75 | Price, 50c |
| Box No. 10-75-80 | Price, 55c |
| Box No. 10-80-85 | Price, 60c |
| Box No. 10-85-90 | Price, 65c |
| Box No. 10-90-95 | Price, 70c |
| Box No. 10-95-100 | Price, 75c |

**Bottle Cleaning
Brush.**

Cleaned and
 washed bottles,
 and also, marked
 with ounces, for use
 in hospitals, in homes,
 in schools, in hotels,
 in a very superior article.
 5 pages in the book.

| | |
|------------------|------------|
| Box No. 10-30-35 | Price, 10c |
| Box No. 10-35-40 | Price, 15c |
| Box No. 10-40-45 | Price, 20c |
| Box No. 10-45-50 | Price, 25c |
| Box No. 10-50-55 | Price, 30c |
| Box No. 10-55-60 | Price, 35c |
| Box No. 10-60-65 | Price, 40c |
| Box No. 10-65-70 | Price, 45c |
| Box No. 10-70- | |



What is a complete Layette?

It's one that gives your Baby exactly what he needs. Sears new, modern layettes are complete... they include all the right necessities and enough of these necessities to take care of the early months of baby's life. Sears layettes have been selected by experts who have applied to Sears products the general recommendations in *Infant Care* published by the Children's Bureau of the U. S. Department of Labor. And because you need do no extra shopping to fill in, Sears layettes will save you time, money and energy. As always, when you shop at Sears, you save.

Sears recommend the use of mild lax aids when you wash any of Baby's washable garments. Lax contains no harmful alkali to irritate baby's tender skin. Lax is kind to delicate fabrics, too, helps keep them new looking longer.

Just in case it's twins... You get Twin-Surance—extra layette, or layettes, without charge—with every Sears Layette. Be sure you order complete layette before your Baby is born. If you have twins or more, send us the slip you'll find enclosed with the first layette. Send us also signed statement from your physician or midwife. In return, we'll send you an extra layette (or layettes), postpaid, absolutely free.

Sears complete layettes are available for 1/3 down on Easy Terms. For full detailed information about Sears Easy Payment plan, please turn to inside back cover.





**Famous "Infant Care" Booklet
included without extra charge**

This is the book that is truly authoritative on Infant Care for thousands of mothers of America. It is a U. S. Government booklet published by Children's Bureau of the U. S. Department of Labor, whose staff of doctors are constantly on the alert for new ideas and new methods on bringing up healthy, happy American babies. It's included without extra charge with each Sears layette.

Sears complete Basic Layette

All necessities... every piece an absolute "must".
Enough of each to take care of the early months.
Each piece good quality... will give sturdy wear.

\$10.00
cash
1/3 down, Easy Terms

| | |
|---|--|
| <ul style="list-style-type: none"> 24 Diapers... (12 packages) My Baby's cotton Burpings, 11 x 11 in. hemmed, sturdy 1 Pair of warm cotton, elastic knit for coming to bed undergarment chest protection 1 Bodice of soft knitted cotton. Family elastic knit for gentle abdominal support 2 Gowns of good quality flannelette, softly napped for cozy warmth. White 2 Wrappers of good quality flannelette. Warm and fuzzy. White 1 Reversible Blanket, 26 x 34 in. Woven of good quality soft, warm fluffy cotton 1 Fancy, waterproofed cotton 1 Waterproofed cotton sheet, 18 x 18 in. | <ul style="list-style-type: none"> 2 Quilted muslin pads, 15 x 17 in. Soft and absorbent, firmly stitched 1 Quilted muslin pad, 17 x 24 inches 2 Knitted cotton wash cloths, 9 x 9 inches 2 Knitted cotton towels, 16 x 22 inches 1 Box absorbent cotton, 2 ounces 1 Special Baby calendar 1 Year's subscription to Parents' Magazine, 12 monthly issues 1 Can of Baby Pats Talcum powder <p>White with pink or blue trim. Made from attractively lined. Shown, wt., 8 lbs. 12 oz. 38 W 0748—Basic Layette \$10.00</p> <p>and you also get, included without extra charge, the book on Infant Care described as left</p> |
|---|--|

Figure 3.3: Sears Catalog Baby Section, 1944

The invocation of authority throughout this text is constant. The Children's Bureau of the US Department of Labor is mentioned three times on the page, and doctor

approval of Sears products is mentioned twice. This authority is highlighted by a special offer for parents of twins – Sears would give a second copy of purchases free of charge, but only if the mother would attach proof from an authoritative source – a doctor or minister. Finally, Sears prominently advertised that they were happily including with any purchase a copy of the Children’s Bureau produced booklet *Infant Care*. As discussed above, authority in childrearing was an important and contested ground in these years, and it is important that corporations devoted significant page space to latching onto and promoting the authority of outsiders over the learned-experiences of mothers.⁶⁸

Product offerings and placement underwent a predictable but radical shift in the post-war years as the Baby Boom swept across America. First, during the Boomer years the quantity of baby goods available and advertised grew. In infant nutrition, the space devoted to options exploded from about half of one page in 1944 into three entire pages six years later. This profusion of options and opportunities was highlighted by the more significant advertising change. Starting after 1945, Sears moved the baby section from the end of the catalog to the very beginning. While this time as the lead thematic section within the Sears catalog family did not last even the entire baby boom era, it does show the remarkable turnaround and cultural resurgence that babies played in the Boomer culture.⁶⁹

The advertising focus on baby consumer goods shows just how important babies became to post-war consumerism and how important consumer goods became to family culture. Placing a high priority on buying for the baby fit into the Cold War mentality. The Sears catalog utilized Cold War concerns for safety as a selling point towards

⁶⁸ Sears and Roebuck Co., *Spring and Summer Catalog 1944*.

⁶⁹ See Sears and Roebuck Co., *Spring and Summer Catalog 1950, 1944, 1945*.

guardian consumers. For example, an enamel baby bottle was tagged in 1960 with the note that “Civil Defense recommends having one in case of emergency.” This is a clear example of a business utilizing governmental authority to transform a market process into a coerced consumerism for the good of the family, the child and the nation. It did not consider the appropriateness of the families’ circumstances, most especially their potential poverty or other family needs, and did not provide any context to the Civil Defense endorsement. Rather it used authority to demonstrate the value to society of a consumer purchase. It is a perfect example of guardian consumerism.⁷⁰

The treatment that Sears gave to bottles and their function in the debate between breast milk and formula is an excellent example of this proscriptive nature at work. After World War II, Sears developed detailed descriptive advertisements of individual products, and it becomes clear that they were selling social norms, as well as bottles. For example, in 1950 they advertised “Huneysuckle formula equipment sterilizer.” They advertised carrying bags in the 1950s and 1960s as “formula bags,” rather than nursing bags or baby bags. In 1970 the Sears bottle and sterilizer were explicitly predicated on formula, with advertising that “when your baby drinks from Sears Natural Nursers he drinks naturally... gets more formula, swallows less air. As sterilized formula is more digestible, our entire unit is designed to be sterilized if you wish.” One of the emphasized features on bottles in the 1970s were dial caps designed to show the bottle contents and which day the formula was prepared on, and which were advertised explicitly in the context of formula.

⁷⁰ Sears and Roebuck Co., *Spring and Summer Catalog 1960*, 438.

These examples show a strong assumption on Sears part that it was natural for women to feed their babies formula rather than by breast. This normalization process represented a statistical likelihood but functioned as an intense act of coercion. Because the context of guardian consumerism, presuming what was correct had the strong tendency to limit consumers into what was socially acceptable. The trends within formula feeding strongly support this interpretation.⁷¹

As discussed above, Sears' product catalog shows how advertisers could shape consumer perceptions. However, this power was not unlimited. Businesses had short-term financial needs, which made them far better at transforming perceptions of guardian consumers, than of creating these perceptions. Sears' history selling and advertising breast pumps demonstrates this. Breast pumps have a surprising history inside the Sears catalog. The first model (figure 3.2) appeared in 1910. There is nothing about this model or its advertising that suggests the product was new to consumers at the time, although the paucity of descriptions in that model catalog makes understanding Sears's intent difficult. However, after this early inclusion, Sears stopped selling breast pumps during World War I. This was approximately a decade before prohibition transformed baby formula into a lucrative good, and nearly three decades before formula rose to dominate infant nutrition. Considering the timeframe, Sears' decision had to be made irrespective of formula. After 1915, no other breast pumps would make an appearance in the Sears catalog for over sixty years. Even the lucrative infant goods market of the baby boom was insufficient to attract investment in breast pumps to Sears.

⁷¹ Sears and Roebuck Co., *Spring and Summer Catalog 1950 – 1975*; Fomon, "Infant Feeding In the Twentieth Century," 403s.

In 1978 when Sears saw an opening to market toward concerns from environmentally conscious consumers. Sears produced a “natural feeding” line of goods and for this option reintroduced a line of breast pumps. Once pumps reappeared in Sears catalogs, their popularity grew and the result was a growing number of advertisements and options as shown in figure 3.3. However, this marketplace still had a surprising lack of commercial dynamic innovation. Electric pumps did not receive advertising until 1986, many years after electric appliances started receiving prominent advertising and became normalized into the American consumer expectation. Pump user satisfaction never grew to even average levels and innovations were few and far between for the next thirty years.

There are a lot of additional complicated factors involved in using breast pumps that make teasing every element out historically difficult, but the history of them as a product does seem to clearly follow society rather than lead it. Sears sold breast pumps because of consumer expectations and opportunities in the American culture and used advertising to convince consumers of compatibility with the culture, rather than using advertising to try and shape or reinforce expectations. Sears was successful when it took the expectations of guardian consumers and looked for opportunities to add value, but not when it tried to create value and sell that to consumers.⁷²

⁷² This argument is extended by Margaret Sandelowski in *Devices and Desires: Gender, Technology, and American Nursing* (Chapel Hill: University of North Carolina Press, 2000). See Cowan *More Work For Mother* for more on electric appliances moving into the household. For the history of breast pumps after 1986 see Catherine D’Ignazio, “The Media Lab ‘Make the Breast Pump Not Suck’ Hackathon” <https://medium.com/mit-media-lab/the-media-lab-make-the-breast-pump-not-suck-hackathon-513fad8bc451#.piq0bqq71>

The assumption that babies would consume formula, shown above through advertising, created a cultural challenge to parents and communities. This was keenly felt by the LLL. In an introduction to their organization that was printed throughout the 1950s and 1960s they wrote “Yet, despite what the experience, art and science of medicine teaches them in no uncertain terms, most physicians have stood by – more or less as innocent bystanders – while the vagaries of women, the styles of the time, and cultural pressures have converted the preferred and customary [breast feeding] into the exceptional.” These women thus saw themselves as fighting against cultural transformation and to proselytize other women. They do not discuss the impact of advertising or of marketing campaigns, because those factors had not yet become important elements of the fight over formula. This shows how challenging the cultural assumptions surrounding infant nutrition became. Most importantly, LLL publications make clear that the biggest challenges they faced in trying to get mothers into breastfeeding were social rather than commercial or medical. That the problems were social perceptions shows precisely why it was a challenge caused by guardian consumerism.⁷³

LLL resisted what they saw as explicitly political actions, and avoided engaging in consumer activism against corporations. While this has been true throughout its existence, it was most noticeable in the 1970s and 1980s. These years are known for the Nestle boycott. During this boycott, led by the International Baby Food Action Network (IBFAN), millions of consumers deliberately avoided Nestle products due to their aggressive marketing tactics with baby formula, especially in less developed countries.

⁷³ “La Leche League and Nursing Mothers,” 1.

LLL was not an official participant organization during the Nestle Boycott. Many members of LLL wanted the organization to join IBFAN as they felt that LLL's core purpose was to oppose cultural misassumptions about breastfeeding regardless of how these arose. When the source of misinformation was a corporate entity, LLL should oppose it politically according to those members. This issue was hotly contested, but the founders argued successfully that the point of LLL was not to be a protest organization but rather to one that created communities of support. Ultimately, they decided against participation in boycott activities.

The advertising campaigns of formula changed sharply after the Nestle boycotts of the late 1970s and early 1980s. Most of the public backlash against formula manufacturers died down when Nestle agreed to amend its practices in 1984, although some smaller groups have continued to boycott Nestle into the present. The political weight of formula found its way into Sears's advertisements, which took on a new focus. The tenor of their advertisements significantly shifted in 1985, when they ran this advertisement for a breast pump: "A new mother can't always be in the right place at the right time. The Super Nurser™ breast pump kit with Nuk nipple can help at feeding time. The pump is made of clear boilable plastic. The Nurser bottle has an angled cone to gently evacuate milk from your breast. Helps provide sanitary storage."⁷⁴ Considering the kind language and the timeframe, this is clearly a cultural accommodation from a professional marketing team that is trying to avoid negative press.

This type of cultural transformation certainly meets the needs of Sears, and by analogy, of large corporations. It also meets the needs of many consumers, and serves

⁷⁴ Sears and Roebuck Co., *Spring and Summer Catalog 1985*, 277.

the middle class reasonably well. However, the paradigm of buying as patriotism, of parenting via marketplace, and above all of competitive consumerism as a viable social organization intrinsically and necessarily hurts poor women. It unnecessarily forces them to grapple with social norms and cultural expectations all of which expect liquid assets and standards of living that are explicitly not affordable for these families. This is a general point, because the specific case of infant nutrition throughout the twentieth century exemplifies precisely how the marketplace of consumption structurally fails to meet the needs of many families. This in turn means that each generation will continue to grapple with the same types of problems, and stand as a major obstacle to achievement of the American dream.

As argued above, LLL still engaged in a type of cultural politics even when they argued against consumer politics. The LLL was deeply invested in shaping societal views about women and their proper role. It published and publicized material from academic historians calling its work a precursor or mother to the women's movement. The founders of LLL cared about shaping the cultural fabric of motherhood worldwide and was happy to be embraced for this vision by other social and political groups. The distinction that LLL drew between political actions and social advocacy is mostly interesting in that it is so remarkably similar to the course followed by Sears in their breast pump advertisements. Both were looking to communicate their message to new parents, and both wanted to utilize social expectations, but neither took their consumer advocacy to the maximum extents possible. Both organizations had core philosophies and pursued them through consumer marketplaces, but did not extend greatly beyond this. While neither was engaging in direct political activity in the sense of endorsing

candidates or lobbying for policy proposals, their impact on guardian consumers was clearly felt.

The war between infant formula and breast milk raged on into the twenty-first century, however the terrain it was fought over shifted. While for most of the twentieth century the key question in this battle was of culture and social comfort, expertise became much more contested later on. After the World Health Organization endorsed breast milk in 1979, it became more imperative for proponents of formula to prove that their product met more than just cultural convenience or puritanical moral standards. This resulted in two different elements. The first was a shift away from aggressive hospital marketing campaigns. Instead, formula manufacturers focused on the convenience and reliability of formula, knowing that as more mothers are required to spend more time away from their children, formula could easily become a dominant source of nutrition. As a result of this change, baby formula usage started increasing over time. Prior to this marketing shift eighty percent of newborns were fed formula in 1971, but only twenty percent of these infants were still on formula at six months. In 1998 only fifty-five percent of newborns consumed formula, but by eleven months this had increased to eighty-five percent. Selling the continued health benefits and convenience marketing, along with significant shifts in US food policy in the 1990s helped persuade most parents to delay weaning and instead supplement with formula.⁷⁵

Additionally, proponents of formula started to rigorously contest the scientific assumptions underpinning breastfeeding. In 2003, the Advertising Council prepared a series of breastfeeding public service announcements. This series came under fire from

⁷⁵ Fomon, “Infant Feeding in the 20th Century”, 415s-416s.

formula companies, who were perfectly willing to see positive information supporting breast-feeding, but objected to negative advertising. Formula companies were successful in convincing the executive board of the American Association of Pediatrics to write a formal letter to the US Department of Health and Human Services (the group partnering with the Ad Council on the breastfeeding series), to object to the content. The formula companies were successful in delaying the program and having many of the medical advantages of breastfeeding taken out or given extensive qualifications. The attempt by formula companies to control the public service announcement became a brief but national news story, as physicians and breastfeeding groups around the country protested the actions of the AAP (and especially that the AAP executive board wrote the objection without consulting the AAP section on breastfeeding). The resulting advertising campaign still promoted breast feeding, as shown in figure 3.4, but qualified their claims with qualifiers like “possible results of recent studies,” and chose not to speak to the efficacy of breast-feeding after six months.⁷⁶

The tragedy of guardian consumer paradigm that causes parents to be marketed aggressively to make choices for the best interest of their children can be found in false certainty. It created a culture in the United States where parenting required navigating a complex system of best intentions. This marketplace is fraught with risks, especially when parents are not perfectly able to understand the differences between guardian consumerism and more conventional marketplaces.

⁷⁶ 13 2 219 Ad Council: Campaign Files, 1966-2004 Boxes 34,37, University of Illinois Archives.

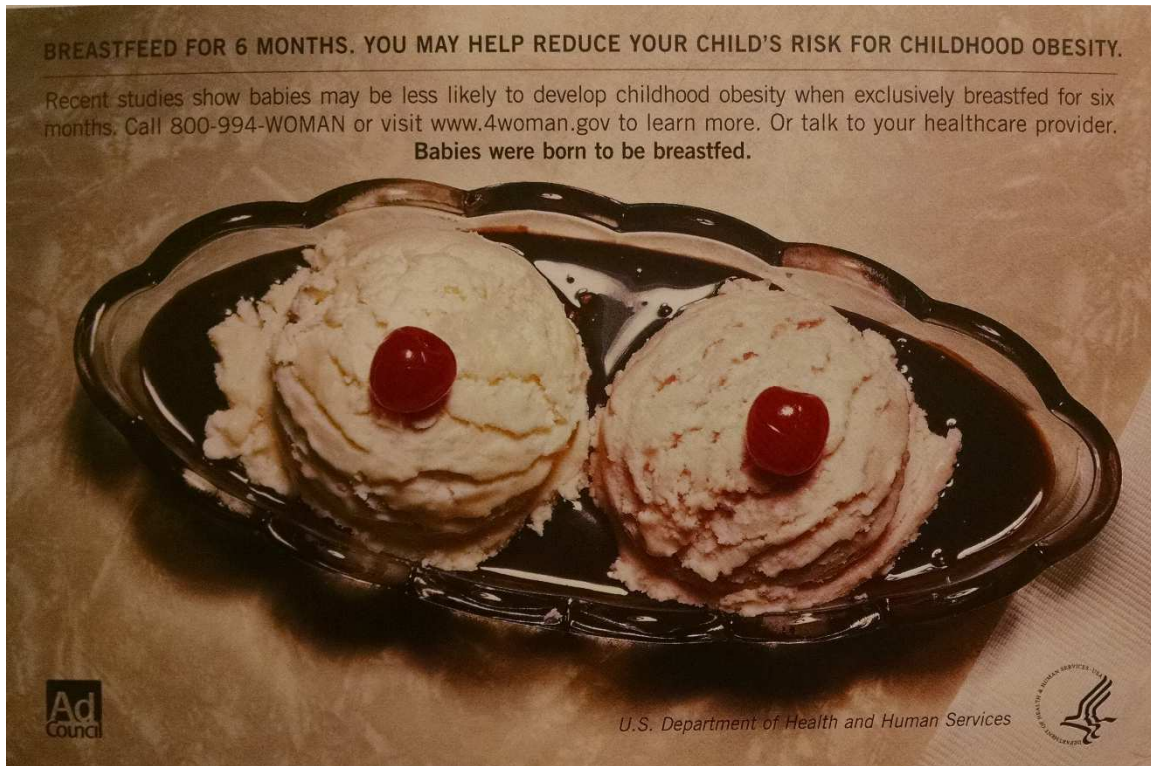


Figure 3.4: Ad Council revised advertisement on breastfeeding, 2004

The stakes of this can be extremely high as the tragic story of Tyler Walrond aptly demonstrates. In June 1997, Tyler was born in a hospital in the Bronx, a healthy boy. His mother Tabitha was told while in the hospital to feed him only breast-milk and only directly from her body, because “Breast was Best.” Following this advice from her doctor, Tabitha exclusively fed Tyler breast milk. It proved insufficient nutritionally, and Tyler grew sick and lost weight. She attempted to take him to his pediatrician on several occasions, but due to bureaucratic difficulties with his Medicaid status was refused access to care. While the state processed the Medicaid paperwork, Tyler succumbed to malnutrition and died, less than seven weeks old. When asked why she had not fed him

formula, Tabitha replied that she had been ordered by her doctor that “breast is best” and as she wanted what was best for her son, so she followed medical orders.⁷⁷

Breastfeeding or formula feeding has been contested terrain among policy advocates, public health officials, manufacturers and parents through the entire period since World War II. This contestation has inspired a guardian consumerism where individuals needed to express breast or bottle in terms of right and wrong. When consumer activists have had success moving the culture against breast-feeding, then manufacturers have been able to adapt by altering their timeframe of advocacy. This was most notably in convenience advertising after the end of the Nestle Boycotts in the 1980s. The aggressive guardian consumerism has inspired a great deal of hostility between parents, and increased the complexity of the process of raising infants. The resulting guardian consumerism has created networks of solidarity on all sides of the issue, but from those stuck in the middle of the argument it has exacted a frightful toll.

⁷⁷ Coverage over numerous articles by Nina Bernstein in *New York Times* March 14, March 18, April 28, April 29th, May 19th, May 20th, and September 8th, all in 1999.

CHAPTER 4: SAFETY

"You may be in love with a [car seat] design, but if your baby doesn't fit in it, it's a worthless deathtrap." These words of advice appear in an article on one of the many motherhood guide websites that have proliferated in the internet era. The extreme language involved shows how baby safety has become an extreme concern. The concern is in certain ways excessive. Child safety restraints do have an impact on safety, but this impact has been one of marginal gains – not always meaning life or death.

The article's hyperbolic language is a result of a classic guardian consumer paradigm. Safety was never the only thing that parents purchased when buying a car seat, and in most cases, it probably was not even a primary concern. Instead, these consumers were looking for ways to transfer responsibility for the safety of their children away from themselves and into a vast, potentially unaccountable system.⁷⁸

Although a car seat designed for an infant does provide safety, there are a lot of unusual things about the product. Probably the most important of these is that it has a long history of misuse. In 2009 the National Highway Traffic Safety Administration (NHTSA) found that misuse of infant car seats was so severe as to substantially compromise the utility of the seat in between seventy five percent and ninety nine percent of car seats. Other NHTSA

⁷⁸ Christie Haskell, "7 Rules for Buying & Installing a Car Seat" August 9, 2010. <http://thestir.cafemom.com/baby/107731/7Jules>. Accessed April 24th, 2013. Statistics from US Department of Transportation. National Highway Traffic Safety Administration, *Traffic Safety Facts 2010 Data*, DOT HS 811 641, July 2012.

studies have shown that, even immediately after taking a class on proper infant car seat usage and installation, most adults still cannot properly install and safely use their car seats.⁷⁹

The history of infant car seats is an example of broader concerns about safety in consumer goods and processes. The history of the car seat as both a material product and a marketed one shows that it was first a consumer luxury product and not a safety product. Some of the early child seat designs changed, and gradually, in the 1970's, manufacturers started incorporating safety as a feature in their design and especially into their marketing plans.

An important prerequisite of understanding the infant car seat historically is viewing car seats as products for cars. Their use is dependent on the car. To the extent that they served as a safety product, it was within the larger system of trends and ideas about automobile consumer safety. Infant car seats were also enmeshed within general automotive culture, where other automobile engineering needs took priority.

The history of the American automobile has two distinct periods separated by World War II. Before the war, the automobile was an increasingly common product, and while a remarkable number of Americans drove or had access to a car, the automobile had a role quite similar to the horse that it replaced. The car was a tool, and while it was frequently expensive and problematic, it was used primarily in the context of its value as a replacement for human labor.

Cars in this period did not have a national culture. Laws varied greatly, and many states regulated cars in limited fashion. Even simple things like street signs and right of

⁷⁹ Larry Decina, *Misuse of Child Restraints*, US Department of Transportation, DOT HS 809 671, January 2004.

ways were not universally established. Vehicles often broke down, and frequently required extensive regular maintenance, which could be enormously challenging as few auto-shops were in existence. Highways and infrastructure were not established universally; in much of the nation roads were poor, designed without consideration of automobiles, or non-existent. A car could not give access to the iconic “open road”, as most of the highway system had not yet been built. Even if it had been built, the prospects of travelling long distances in unreliable vehicles away from known sources of repair greatly discouraged travel. Using a car to regularly commute to work was not a common reality or necessity as the far-flung suburbs had not yet been built. Those who did commute in the early twentieth century commonly took public transportation, mostly in the form of streetcars or trams.⁸⁰

World War II was a distinct turning point for the automobile. The war years both limited and enhanced automobile use. Many automobile factories were retooled or repurposed for making war materials, mostly tanks and jeeps, but also aircrafts and more general munitions. Fuel rationing, motivated by the critical scarcity of rubber, deliberately and dramatically cut the amount of civilian driving – which at first enhanced automotive safety. Yet huge numbers of men and women learned how to drive, as the exigent circumstances of war created an important demand for drivers.

⁸⁰ Mark H Rose, Bruce E. Seely, and Paul H. Barrett, *The Best Transportation System in the World: Railroads. Trucks. Airlines, and American Public Policy in the Twentieth Century* (Columbus: Ohio State University Press, 2006). While the above is well shown, it is important to note that automobile culture was evolving throughout the pre-war years. The justifiably famous Route 66 was built and used in this time period, for example, and long-distance travel became more manageable over time, though the Great Depression and associated migrations hide a lot of the developing culture. See also Adam Plaiss, "Who Gets to Draw the Map? The Contentious Creation of the American Road/Map System, 1917-1926," *History & Technology: An International Journal* 28, no. 1 (March 2012): 3-24.

One of the most important impacts of the war, however, was that many Americans moved their residences. In many cases these moves were for the first times in peoples lives. Some moved to northern cities for war jobs. All twelve million servicemen moved to at least one new location within the United States, and almost all of them several more times after that. Furthermore, because of these moves, these servicemen were exposed to other parts of America, and the advantages of mobility became more evident to them.⁸¹

The post-war years saw a radical transformation of the transportation structure of America. As soldiers returned and rationing ended, the number of civilian drivers skyrocketed. Motivated by logistical concerns from the war and the war-proven utility of transport trucks, the federal government greatly expanded the highway system, most prominently with the creation of the Interstate system.

Automotive culture also underwent a significant evolution after the war. The general American prosperity, and pent up demand from lack of building during the war fueled a massive housing shortage. Mass-produced housing, starting with Levittown New York, transformed America from an urban nation into a suburban one. With the new suburban landscape, using automobiles to commute to work daily became normal, and automobile usage per capita grew explosively. Strong

⁸¹ James T. Sparrow, *Warfare State: World War II Americans and the Age of Big Government* (New York: Oxford University Press, 2011). For mobilization, and the rising role of expertise and technology transformations see also Gregory Hooks, *Forging the Military-Industrial Complex: World War II's Battle of the Potomac* (Champaign, University of Illinois Press, 1991) and Stuart Leslie, *The Cold War and American Science: The Military-Industrial Academic Complex at MIT and Stanford* (New York: Columbia University Press, 1994). For a travel example see Stephen A. Ambrose *Band of Brothers: E Company, 506th Regiment, 101st Airborne from Normandy to Hitler's Eagle's Nest* (New York: Simon and Schuster, 2001), Chapters 1-3.

employment further continued this trend. Because of all the above, traffic deaths skyrocketed in both relative and absolute terms (see figure 4.1 below), leading to new concerns about auto safety.

As the baby boom progressed, a consumer culture developed to feed off these new trends that were drastically changing the consumer habits of the middle-class. This movement towards a consumer culture, along with the baby boom itself, was inseparable from the Cold-War atmosphere. Cold War anti-communist rhetoric created a generation that viewed consumption as proving the beneficial value of the capitalist system, as well as directly helping the American economy.⁸²

This was a time when taking steps to increase safety while travelling by car was becoming a greater necessity. As the population and the number of drivers grew, traffic accidents and traffic deaths also climbed. The Interstate system exacerbated this problem, as it increased the number of miles the typical American drove in a year, reaching one trillion total miles by 1970. In 1945, the number of vehicle occupants killed was nineteen per hundred thousand citizens per year. This climbed steadily until it peaked in 1969 at over twenty-six deaths per hundred thousand citizens (see Figure 4.1). By 1966, the cumulative number of total traffic deaths per year nationwide

⁸² Elaine Tyler May powerfully links the transformation of post-war American to anti-communist rhetoric and fears in *Homeward Bound: American Families in the Cold War Era* (New York: Basic Books, 1988). She finds that consumerism was an important "opiate," especially for women who found the new post-war world to be deeply unsatisfying — or for others a way to keep it from becoming unsatisfying. Stephanie Coontz discusses the invalidity of many myths about traditions and families in her book. *The Way We Never Were: American Families and the Nostalgia Trap* (New York: Basic Books, 1992). An excellent critical analysis of consumer society and its transformations due to the cold war is found in Lizabeth Cohen, *A Consumers' Republic: The Politics of Mass Consumption in Postwar America* (New York: Knopf, 2003).

reached fifty thousand Americans, and the total number of vehicular deaths stayed over this level until after Congress passed a national speed limit law in 1974.⁸³

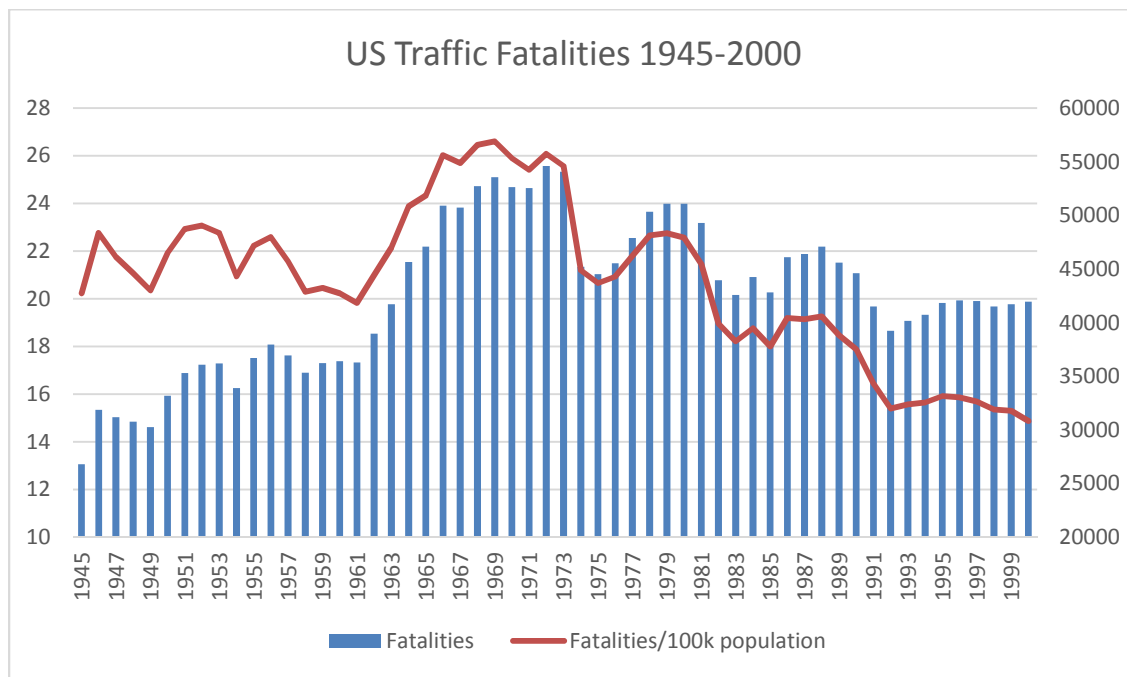


Figure 4.1: American Traffic Fatalities 1945-2000. Source: US Census Bureau, National Center for Health Statistics, National Highway Traffic Safety Administration

Addressing this growing problem of automotive safety in the postwar era, however, was surprisingly controversial. Marketing, especially advertisements, can be an effective lens through which to measure perception of safety. In the post-war consumer landscape, safety advertising became a highly-contested terrain. Perhaps the most famous of these cases was a major initiative of Robert McNamara an executive at Ford Motor Company in 1955. Examining industry data, McNamara became convinced that seatbelts provided an enormous consumer benefit and,

⁸³ Statistics from Office of Policy Information, US Department of Transportation, Federal Highway Administration, *Traffic Volume Trends* (GPO, December 2012).

http://www.fhwa.dot.gov/policyinformation/travel_monitoring/12dectvt/12dectvt.pdf. See National Highway Traffic Safety Administration, *Traffic Safety Facts*, DOT HS 811 630. Also, <http://www.saferoads.org/federal/2004/TrafficFatalities1899-2003.pdf>

considering the low cost, should be a major advertising feature on all Ford automobiles. This was driven by the idea that aesthetic appeal would vary according to consumer taste but that safety would have a universal appeal.

Auto executives approached the safety belt issue with trepidation, as experts throughout the automotive industry feared that these advertising campaigns would drive worried consumers away from automobiles period. Advertising that emphasized safety initially failed. This came in the era of the muscle car, when advertisements from the entire industry had, for nearly a decade, almost exclusively featured aesthetics, torque, and acceleration. Justifiably famous was the headline in *Automotive News*: "McNamara sells safety. Chevy sells cars." Faced with a series of complaints from the auto-industry writ large, and without seeing notable commercial success, Ford pulled the advertising campaign after only a couple of months.⁸⁴

Despite the backlash Ford faced in 1955 over its attempt to sell safety, consumer interest in vehicle safety grew. In the mid-1960s, publication of Ralph Nader's book, *Unsafe at Any Speed: The Designed-In Dangers of the American Automobile*, set off a consumer safety and accountability movement. The US Congress passed the National Traffic and Motor Vehicle Safety Act of 1966. Vehicles that chose installed seatbelts had to meet National Highway Traffic Safety Administration

⁸⁴ *Automotive News* (Fall, 1955). For McNamara, see Harry Kreisler, "A Life in Public Service: Conversations with Robert McNamara," April 16, 1996 *Institute of International Studies*, University of California, Berkeley, and Richard Alan Johnson, *Six Men Who built the Modern Auto Industry* (MotorBooks, 2005). For American automotive culture in the 1950s, see Jan L. Logemann, *Trams or Tailfins: Public and Private Prosperity in Postwar West Germany and the United States* (Chicago: University of Chicago Press, 2012).

standards starting in 1967, and installation of seatbelts in the front seats of vehicles became required starting in 1971.

Despite a growing regulatory framework to allow for automobile safety, many years passed before most Americans took their safety on the road seriously. It was not until 1985 that seatbelt usage reached twenty-five percent of vehicle occupants, 1991 that it reached fifty percent of occupants, and 2002 that it reached seventy five percent of occupants. Even in the 2010s, approximately fifteen percent of vehicle occupants do not wear a seat belt, despite the overwhelming positive benefit.⁸⁵

In addition to being a part of automotive culture, car seats were child-oriented consumer products. Child consumer products have a long history but in most of that time, they have been valued primarily for entertainment and convenience. This is precisely what occurred with car seats prior to 1970. What was once a product line designed and marketed for comfort, convenience and entertainment, has shifted and become a category designed, regulated and sold principally for safety. However, despite seeming to have been a product explicitly designed to provide the safe travelling environment that children needed, the child safety seat and its interaction in the automobile was not engineered to provide this safety. Rather, as the history of the product shows, safety in a car seat has never been separable from convenience or comfort.

Solid evidence suggests that some so-called safety seats were knowingly, and perhaps deliberately engineered in ways that made them dangerously unsafe. An

⁸⁵ National Highway Traffic Safety Administration, *Traffic Safety Facts*, DOT HS 811 630. See Glickman, *Buying Power*, 275-284.

examination of the totality of the evidence surrounding infant car seats makes it clear that the child safety seat is historically not a safety object or part of a safety system. It has been a consumer product first and foremost. Thus the safety seat did not evolve as a product that was meant to provide safety. Instead it was meant to allow the consumer to buy the appearance of safety. It was more important to both parents and car manufactures that parents have the option to make a purchase that had the characteristic of providing safety than that the purchase the parents made actually fulfilled the function of providing safety.

Product catalogs are in many ways an ideal way to demonstrate changes that occur in attitudes because they released periodic updates, had significant but limited space, and offered product design and marketing. Product catalogs show only weakly the competition within a product category, but robustly show the value of the category in comparison to other consumer goods. For example, a restaurant wholesaler's goods product catalog will not well chronicle the fight between Coca Cola and Pepsi (competition within a category), but will allow for analysis of the perceived value of soda products and machinery versus juices.⁸⁶

Because in the post-war period most baby goods were bought through department stores instead of specialty stores, a department store catalog is the best place to look for these transitions over time. Sears Roebuck and Co published catalogs biannually with a huge variety of products. Because they neither specialized in baby

⁸⁶ To chronicle changes in attitudes towards safety (or at least changes as perceived by the marketers), this chapter isolates a single periodic source material and evaluates changes regularly throughout the post-war period. These results are then cross-referenced with other marketing opportunities to assure a more generally applicable result.

goods nor in consumer safety, Sears catalog offers a consistent frame of reference to what the normative parent was exposed to within the normal course of their life.⁸⁷

Sears catalogs were also in a unique spot within the infant car seat market. Most car seats prior to 1980 were sold by automobile companies. Sears was the only major national general goods manufacturer to offer its own line of car seats. Furthermore, Sears seats were designed to fit all cars equally, unlike some other early car seats which were only designed with specific vehicles in mind.

Sears catalogs starting in 1955 advertised many different types of infant car seats with remarkable features. The goods were mostly unregulated, they were sold with a clear hierarchy, and that hierarchy was orientated towards entertainment for the child and ease of use for the parents. The advertising of these devices did not emphasize safety, instead emphasizing the seats' entertainment value to the child and convenience for the parents. Some had features so that were obvious safety hazards. Each version sold in 1955 had a child-steering wheel available as a standard accessory so that the kid could play along while the parents drove. There were several models available each year, from a "thrifty \$1.89" (approximately \$18 adjusted for inflation to 2015) for a travelling seat to a "handsome 3-in-1 Bed-Seat" for \$11.95 (inflation adjusted to \$110.00). One set had the steering wheel accessory with standard prices from \$3.69 to \$5.95. Buyers could get "the same seat as above but without steering wheel" for \$2.10 cheaper, thus almost half of the price of the

⁸⁷ Sears was also atypical in ways that makes it more representative than competitor advertisements and marketing.. Sears had long enjoyed a reputation as being accommodating to minority buyers, as they would not face discrimination when ordering through a catalog. See Lawrence Glickman, *Buying Power*, 11, 25. Sears released Spring-Summer, and Fall-Winter catalogs every year. In general, the infant supplies section seems to have not updates between the two catalogs.

child seat was in the plastic steering wheel. Most devices hung easily over the rear seat of a vehicle, allowing for rapid removal. Similarly, each version was advertised with its weight, Sears featured ten products in 1955, only one of which had any advertising related to safety. It is easy to see how this fit into a conventional consumer marketplace paradigm.⁸⁸

Sears changed several elements of its car seats before 1970, but these changes highlight the prevalent attitudes. New models were created to emphasize compatibility with multiple types of vehicles by using a fixed frame rather than hanging over the rear seat. These models also allowed for car seats to have an explicit height factor — significantly raising young children off the seat of the car. These fixed frames advertised their convenience and comfort, noting in one year that "Luxurious upholstery makes this our Best Car Seat... and you can use it at the table too — as a booster chair." Another year Sears advertised a similar product that "fits all consoles, split or bench-type seats, front or back."⁸⁹

There were other early devices designed for transporting children in automobiles. The 1955 Sears Catalog advertised the Kiddie Bunk. The Kiddie Bunk was essentially a cot designed for children to use in a car. It transformed the back seat and leg room of an automobile into a stable, cloth covered bed. In the era when seat belts were still an option on only a few select automobiles, raising a child off the back seat with unsecured metal was probably not a strange experience. The

⁸⁸ Sears and Roebuck Co, *Spring and Summer Catalog 1955*, 291.

⁸⁹ Sears and Roebuck Co, *Spring and Summer Catalog 1965*, 407, Sears and Roebuck, *Spring and Summer Catalog 1970*, 249.

advertisement emphasized comfort and convenience, showing how the device folded up for storage, and how the backseat was now a "comfortable bed for tots."

There was little evolution in marketing over the next decade. The emphasis remained on the enjoyment of travel experiences. Safety was still not an emphasis of these products. The 1965 Sears catalog still advertised similar products. The product line now included options that hooked onto the front seat of the vehicle (instead of being free-standing), and instead of merely creating a flat surface, several variants included sides to contain the child, as shown in Figure 4.2 below.⁹⁰

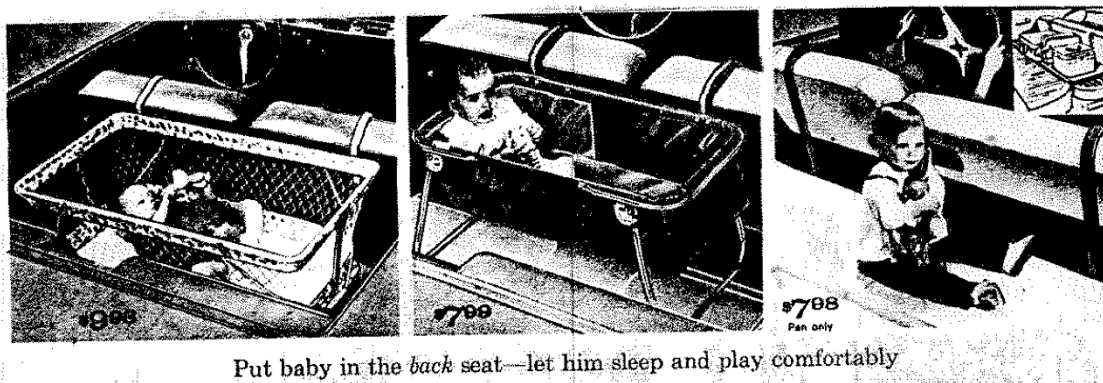


Figure 4.2: Sears Car Seat Advertising Page Spring Catalog, 1965

One concern about looking at infant car seats over as long period of time is that their market penetration varied so significantly during the postwar era. While it is informative to examine infant safety seats sold in the 1950s and 1960s, the reality was that most people did not own them. Many individuals who either had babies in that period or had younger siblings in that time do not recall using an infant car seat. Almost universally they recall being held by either their mother or another family member.

⁹⁰ Sears and Roebuck Co, *Spring and Summer Catalog 1965*, 407.

This changed rather slowly, but impressively. Tennessee passed the first law mandating the use of child restraints in 1979, and by 1985 all states had similar laws. Even after it was legally required, not until at least the 1990s did more than ninety percent of parents start using infant car seats. The years between 1980 and 1985 were nevertheless when infants riding in car seats became a normal experience of childhood.

In the 1970s, the federal government promulgated regulations of child car seats in fulfillment of the National Traffic and Motor Vehicle Safety Act of 1966. This regulation became Federal Motor Vehicle Standard 213 in 1972. It was revised substantially and expanded throughout the 1970s and achieved final form in 1978. It set standards for child safety seats, and required that devices be tested for compliance with the standards.

Starting in 1970, car seats underwent a radical transformation, as manufacturers experimented with providing a safety product. While selling safety had not proven successful for Ford in the 1950s, consumer activism and increased awareness about traffic fatalities made manufacturers think it was worth a risk. Secondary manufacturers like Sears who did not make cars also had less to fear as they did not need to worry about fears lowering demand for their goods. 1971 marked the first year that all car seats contained shoulder restraints — a fact that Sears prominently advertised. It was also the first year that car seats were advertised as compatible with adult seat belts. The versions sold in 1971 reduced convenience advertisements — only a single model contained any discussion of convenience.

However, the transformation towards safety was not permanent. The next year comfort and convenience were back. While the 1972 Sears catalog advertised

compatibility with federal safety standards, each model contained extensive descriptions of their convenient and comfortable features, as seen in figure 4.3. Similarly, over the next two years the emphasis of the Sears catalog was on "accessories for the pint-sized traveler." Sears even used what was basically a negative safety advertisement, as the Safety Shield was promoted for its convenience because it did not require the use of shoulder straps. This shows how Sears was experimenting with selling the guardian consumer product of safety more than trying to provide safety.⁹¹

The newly advertised safety features of early 1970s model car seat suffered from a major problem. Safety as a concept was not yet a quantified standard, and the so any design could be sold with the promise of safety without having proven that the designs were effective. Manufacturers could claim anything as a safety feature. One of the advertisements from 1974 clearly shows how Sears combined its advertising of safety with advertising of comfort (Figure 4.4). It features a system with a nylon harness around the child that is then strapped into a metal floorboard bracket. This would be most familiar as a "kiddie-leash", or a "toddler-leash," concepts that have become popular in the twenty-first century. This system from 1974 met federal restraint standards, a fact that Sears proudly advertised.

⁹¹ Sears and Roebuck Co., *Spring and Summer Catalog 1972*, 1349; see also US Code Pub. L. 95-599, title II, §209, Nov. 6, 1978; Sears and. Roebuck, *Spring and Summer Catalog 1973*, 1440.



Figure 4.3: Car Seats before safety concerns focus on “giving baby more travelling comfort” Sears and Roebuck Co. Spring Catalog, 1972

To meet the 1974 federal standards, safety restraints had to perform exactly one task: they had to hold under 1000 pounds of steady pressure applied to a wooden block shaped like a child’s torso. These standards were not designed to mimic reality, or to test safety in any demonstrable way. The Sears harness, which allowed for the baby to move around and be more comfortable, was almost perfectly engineered to

pass this test and thus provide hypothetical safety but without managing to provide any substantially different outcomes in the event of a collision.⁹²

Child's Safety Harness
helps prevent injury
from sudden stops and accidents
... allows child freedom of
movement to lie or sit

Holds child securely and comfortably. Chest and waist belt with vest gives positive support at strongest part of child's body. Black nylon webbing anchor strap loops through steel floor bracket (included) and around seat as shown in diagram at left. Quick release metal-to-metal buckle. Fits front or rear seats (fits front seat only in station wagons). Meets Federal Motor Vehicle Safety Standard No. 209, Type 3 harness. Hardware and installation instructions are included.

28 x 6401—For child weighing up to 50 pounds.
28 x 6402—For child weighing 40 to 75 pounds.
Shipping weight 1 pound 9 ounces\$8.99

Extra Anchor Strap. Allows use of harness in second car without relocating original anchor strap. 1x65-in. long nylon webbing. Hardware included. Fits front or rear seat (front seat only in station wagon).
28 x 6406—Shipping weight 14 ounces\$4.99

Vinyl-covered Booster Cushion (inset at left) of polyurethane foam. Raises child so he can see out window. Measures 12x10x6 inches high.
State color number: 1-black 4-blue 15-green 22-red
28 x 7300H—Shipping weight 1 pound 4 ounces\$3.19

Tether Strap for out of car use (not shown). Use with harness for walking or as restraining aid. 1x48-in. long nylon webbing with slip loop ring.
28 x 6405—Shipping weight 2 ounces98c

Figure 4.4: Sears advertised freedom, comfort, security, and safety in the early seventies, as well as meeting government safety standards. Sears Spring Catalog, 1974.

These early federal standards did little to improve safety. A 1974

Consumers Union report found most car-seats were dangerously ineffective.

Consumers Union performed a series of crash test simulations: head on barrier

impact at thirty miles per hour, side impact crashes at twenty miles per hour, and

rear impact collisions at twenty miles per hour. These tests were not rigorous –

the tests were chosen without regard to how likely they were to be real accident

conditions, and seats were judged according to standards that did not correlate to

⁹² Walter Rugaber, "Children's Seats in Cars Assailed: Many Termed Inadequate by Consumers Union" in *New York Times* (Jan 22, 1974), 7. The possibility of Sears attempting to “game the tests” is decidedly real, though unproven. As an industry, infant car seat manufacturers have been accused of engineering against tests and of coercing independent labs to refuse outside contracts (see below). In light of this, it is noteworthy that when Consumers Union failed the Sears device, a Sears’s spokesman offered the rebuttal that their car seat had passed the Consumers Union 1972 test.

protection from injury. Nevertheless, they were still substantially more rigorous than federal standards. Only three of the seven major manufacturers of car seats could pass the 1974 Consumers Union test. The Ford Motor Company's Tot Guard passed even this more rigorous test because it held up well in front-crash testing even though it was likely to allow serious injury in a side-impact crash. The Sears Safety Harness from figure 4.4 failed the test.

Consumers Union doubted that families could use any of the passing products except the problematic Ford model successfully. The market-leading General Motors car seat was so complicated to put a baby into that Consumers Union judged it functionally impractical. It was also almost impossible to install in a vehicle.⁹³ This showed how the safety part of safety seats was an imaginative construct designed to sell a product. There was not yet any kind of reliance upon scientific or other evidence that these safety devices provided safety.

While safety was still obviously more about marketing than substance, the evolution of both federal and Consumers Union standards shows progress in the development of meaningful safety features. For several reasons, 1975 brought a significant turn in child automotive safety. Sears discontinued many models of its car seats in that year, cutting down to only two offerings. This could be because as the automotive industry had feared twenty years prior, initial efforts to sell safety led to a significant decrease in demand for a product, in this case infant car seats. Sears presented its remaining offerings as compatible with Federal Motor Vehicle Standard 213, and one advertised as having been "dynamically tested to withstand simulated 30 m.p.h. barrier crash" - which was

⁹³ Rugaber, "Children's Seats in Cars Assailed," 7.

probably meant to be a reference to the Consumers Union battery of tests. 1975 was also the last year in which Sears sold an attachable steering wheel toy to their car seats.⁹⁴

Sears continued experimenting with making safety a marketing feature throughout the 1970s. When it came to moving from symbolic safety into demonstrable safety, Sears's most important innovation came in 1977. That was the year that Sears first sold a rear-facing car seat. Sears took special care to educate consumers on the purpose of rear-facing car seats and why they should be used. The slogan was "Infant rides backwards for better protection."

Sears decided to emphasize safety as an up-sell however. They sold two car seats in 1977 at different price points. In ads for the more expensive model, Sears stated that it "helps protect your baby while riding in a vehicle. Infants to 20 lbs. face backwards in adjustable restraint harness; older child faces forward with deceleration shield providing upper body restraint. Meets or exceeds Federal Motor Vehicle Standard 213." The thrifty option was advertised as "Meets or exceeds Federal Motor Vehicle Standard 213," without any other text.

By 1978, selling safety was no longer experimental. It had become the standard operating procedure. This was especially true for the most expensive models. In most years, Sears featured many paragraphs of text and multiple images extolling their virtues, while more modest models received the underwhelming description "Meets or exceeds Federal Motor Vehicle Standard 213."

While convenience and comfort would occasionally be advertised in subsequent Sears catalogs, there was a new paradigm. Over the past ten years, the primary reason for

⁹⁴ Sears and Roebuck Co., *Spring and Summer Catalog 1975*, 309, Sears and Roebuck Co., *Spring and Summer Catalog 1977*, 394.

parents to buy an infant car seat had changed. The category of car beds had disappeared, and new rear-facing infant car seats had come to market.

The most important change, however, was in the emphasis on protection. What only a few years earlier had been a small part of the advertising scheme now became central to the entire market (figure 4.5). While no other company followed a course identical to that of Sears, and while that single company did not define the marketplace, it does show a radical transformation towards marketing child safety concerns.⁹⁵

(1 thru 3) DYNAMICALLY TESTED INFANT AND TODDLER CAR SEATS



Infants to 20 lbs face backwards for greater protection. Toddlers face forward to see out window.



Here's what makes them so special:

- Dynamically tested to withstand simulated 30 MPH barrier crash
- Convert to reclining child seat in home
- Vinyl-covered polyurethane foam seat and back are easy to clean
- Meet or exceed Federal Motor Standard 213 for child restraint systems

Let Sears Share Your Baby Care

(1) STROLLEE WEE CARE® CAR SEAT \$34⁹⁹

- Durable high-impact molded plastic seat
- Extra padded back, winged headrest and flip-up armrests allow superior protection
- Two positions . . . adjust from upright to reclining with one hand

CONST: Frame . . . chrome-plated tubular steel. Anchor strap attaches to rear seat belt when used in front seat. Adjusts from upright to reclining position with 1-hand adjustment.

Seat: back . . . high-impact molded plastic bucket seat and back, polyurethane foam padded. Brown vinyl cover wipes clean. Padded flip-up armrest. Adjustable nylon restraining straps.

DIMENSIONS: 16½x13½x24 inches high.

ORDERING INFORMATION: Fully assembled. 20 x 36937L—Supp. wt. 15 lbs. \$34.99



Figure 4.5: Sears, by the late 1970's, had set an entire section of their car seat advertisement devoted to safety. Spring Catalog 1978

⁹⁵ Sears and Roebuck Co., *Spring and Summer Catalog 1978*, 393.

The government played a role in creating the new focus on safety, but companies selling car seats were influenced mainly by the desire to make the products appeal to consumers. This can be seen from Sears' use of crash test advertising. Crash testing child seats was not required at all by federal regulations. Sears did not choose to crash test each of their car seat models, only their most expensive one each year. The message that advertising from 1977 offered was subtle but clear— the most expensive model would be the safest way to go. The transformation of the car seat from a conventional consumer good into a guardian consumer good was entirely complete.

This marketing phenomenon would continue into the twenty-first century. Infant car seats would exist for a fundamentally different, and far more complex reason than they had in the 1950s and 1960s. In the 1950s infant car seat might have served as a way for parents to broadcast their status, as was observed by Vance Packard's *The Status Seekers*. By the 1970s a car seat would serve parents instead as a justification, a way of convincing both themselves and others that they were parenting as responsible guardians.

The accepted formal nomenclature in the 2010s for the device that infants sit inside while riding in a motor vehicle is a child safety seat. This nomenclature alone shows how far infant car seats had come since the 1950s and 1960s. Safety became expressed as the descriptive premise of an infant car seat. As figure 4.6 below shows, the nomenclature changed precisely when Sears started marketing safety in their car seats that English literature started using the term child safety seat. As the term "child safety

seat” is today used as a precise term, discussion of infant car seats after 1980 will use “child safety seat” instead of “infant car seats.”⁹⁶

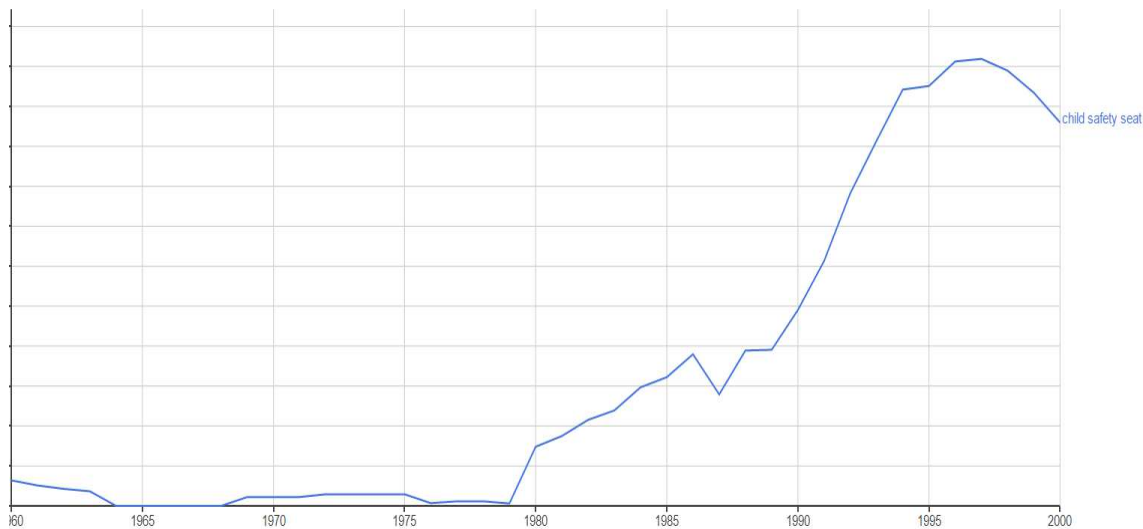


Figure 4.6: Child Safety Seat usage in American writing over time. Source: Google

The idea of a child safety seat was an example of masterfully created guardian consumerism. It was also a necessary sell for the automotive industry. As the NHTSA started gathering better statistics through the early 1970s, one thing would become increasingly obvious about babies and motor vehicles: They did not mix. Time spent in cars was a large risk for babies. This truth became more and more obvious as child safety devices became better but mortality rates remained stubbornly high. It appeared that riding in a car was so dangerous to a young child: no matter what precautions were taken, the baby was better off left at home.

⁹⁶ Google Books Ngram Viewer, accessed 2/20/2017.
https://books.google.com/ngrams/graph?content=child+safety+seat&year_start=1950&year_end=2008&corpus=15&smoothing=3&share=&direct_url=t1%3B%2Cchild%20safety%20seat%3B%2Cc0. Ngram updates dynamically as more titles are added to Google Books, meaning results may change over time to some extent from those shown in figure 4.6.

The United States might have been better served to rethink the national culture of cars and the open road. Other nations, especially in Western Europe, in the second half of the twentieth century defined national cultures and infrastructures in ways that would not require extensive use of cars. This was accomplished by zoning policies to discourage suburbanization and extensive focus upon mass transit. As shown earlier, by the 1970s the United States had made substantial investments in motor vehicle based infrastructure, but it was still possible for the United States to transition away from babies needing to ride in cars so regularly. The child safety seat provided an excellent alternative for car manufacturers to having to risk this unpleasant possibility. Certain design elements of the child safety seat made this tendency of child safety seats to ameliorate concerns about the costs of a car-based society even more pronounced.⁹⁷

Since the 1970's the regulatory regime governing child safety has remained mostly unchanged. The standards have been extended, and new regulations have arisen to extend the types of restraints that should be used on children. In the time since, approximately one hundred and five million American children have used car seats that were manufactured to meet government safety standards. During this time, the regulatory regime has saved an approximate forty-five hundred lives. This is a significant improvement in the quality of American's lives.

A more detailed look at the numbers and several of the controversies surrounding traffic deaths shows that despite saving lives, child safety seats were a symptom of a problematic guardian consumerism.⁹⁸ Child safety seats have cost consumers slightly under twenty billion dollars since 1978. Despite tendencies in recent years to increase

⁹⁷ See Logemann, *Trams or Tailfins?*, 59-62.

⁹⁸ NHTSA *Safety Bulletin*, 2010.

emphasis on child safety in vehicles, cars remain enormously dangerous. Parents would have been able to save as many lives by cutting down the number of miles they drove with their infants and young children. While in the 2000s the number of miles driven has slowly decreased, the average American still drove thirty percent more in 2010 than in 1970. Importantly for their children, these Americans frequently mistake safety regimes for actual safety. Parents have tended to think that following the government regulatory regimes makes driving a safe activity. The NHTSA has consistently shown that this was not the case. Even if used perfectly and following all safety regulations, travelling in a car would still remain the most dangerous activities in the life of an American infant.⁹⁹

Arguably the most famous child born in 2013 was George Alexander Louis, prince and heir to the British throne. His birth was covered in sensational detail. Many car-seat advocates, most prominently the mothers group on the Internet at BabyCenter, noted that in the well-watched video of the newborn prince being strapped into his car seat, there were serious safety violations. Media outlets covered this case, partially because of how confident Prince William had been at using the car seat and how poorly he had done so. This illuminates a second problem that child safety seats have had: most car seats were so incredibly complicated that it was difficult to use them successfully.

The Consumers Union's warning from 1974 about child safety seats that were too complicated to function was never adequately addressed. Many local police and fire departments across the United States have devoted time educating new parents on the proper installation and usage of child safety seats. Despite these extensive educational

⁹⁹ Larry Decina, *Misuse of Child Restraints*.

efforts aimed at improving correct car seat usage, the results have been unimpressive. Over three quarters of all car seats installed in the United States in 2004 were done so improperly, greatly reducing the effectiveness of these seats. A 2013 *New York Times* article showed the problem remained well into the twenty-first century.

Auto-industry insiders pointed out that child safety seat manufactures could not design their products for just a car, but had to design them to be compatible with a wide variety of vehicle designs and features. Child safety seat manufacturers meanwhile blame the auto-industry for car seat complexity, noting that the industry keeps engineering designs for future models a tightly held secret, and argued that with the regularity with which the auto industry changed their designs it was impossible to design simple safety systems that work. The government chose to take a hands-off approach and wait for the industry to develop standards.¹⁰⁰

The intersection of convenience and safety to the detriment of both can be seen in current Federal car seat regulations and the LATCH standard. LATCH, which stands for Lower Anchors and Tethers for Children, is the American version of an international standard system (ISOFIX) designed to create a new and convenient method to reliably attach child safety seats in cars.

¹⁰⁰ <http://www.nhtsa.gov/Safety/LATCH>. Stephanie Steinberg and Bill Vlasic, "Strapped In, but Still at Risk: Car Seats Remain a Vexing Safety issue" in *New York Times*, October 11, 2013, B1. For the royal baby see: Eryn Brown "5 safety tips for Will and Kate: How to use George's car seat," in *Los Angeles Times*, July 24, 2013. For public reaction see Koa Beck, "Gaggle Of BabyCenter Sanctimommies Want You To Know That Kate And Will Used Their Baby's Car Seat Incorrectly" *Mommyish*, July 24th, 2013, <http://www.mommyish.com/2013/07/24/royal-babycar-seat-strapped-incorrectly/> and Rebecca Michals, "Will and Kates Royal Car Seat Mistake" *BabyCenter*, July 23, 2013. <http://blogs.babycenter.com/celebrities/07232013will-and-kates-royal-car-seat-mistake/>.

All cars manufactured after 2001 were required to install LATCH compatible restraints. With the number of improperly installed car seats that had occurred prior to LATCH, it was a welcome standard.

However, the standard was easily manipulated. Federal safety standards for child safety seats required that they only be tested in accidents for standardized attachment. The LATCH attachment was only engineered to meet moderate weight requirements (a maximum weight of sixty-five pounds, including the car seat), but nevertheless became the standard for attachment. Child safety seats could therefore be known to fail when connected via seatbelt or other pre-LATCH mechanisms, and still be sold as a compliant and recommended safety device. These devices could still have advertisements about their compatibility with seatbelts and include instructions for using with seatbelts, even with engineering that made them unsafe if used in that manner. This would be a problem for consumers with older vehicles, but it was equally a problem for parents as their children grew.

Federal guidelines recommend keeping infants in rear-facing child safety seats until forty pounds, height permitting. Most child safety seats weighed between fifteen and thirty-three pounds. This all combined to mean some parents would have to buy an original child safety seat, a second one when their child was too big to connect to the LATCH system but still required to rear face, and a third one when the child was ready for a forward-facing safety seat, and then a fourth one when the child was ready for a booster seat. The net result was an extremely complex system of regulations, many of which are

supposed to provide safety but failed to do so, and parents who were left adrift, unable to safely use their safety devices while encouraged to buy more safety devices. The complicated system of rules only questionably served families. These rules do seem to serve the auto and child safety seat industries, both of whom are very active in pursuing regulatory changes that suit their business models.¹⁰¹

The transformation that made infant car seats into a guardian consumer product in the 1970s is echoed in a similar transformation for safety seats for older children seen in the 1990s and 2000s. This concerns the similar regulation of booster seats. Just like with child safety seats, Government regulations have over time increased requirements about using booster seats. As of 2013, all states except Florida and South Dakota require the use of booster seats for children up to a certain age or height/weight, and while the ages vary, seven or eight is typical. Some states also have height requirements to graduate from booster seats, and almost all of these key to 57 inches of height (4'9). This series of regulations appears to make good sense.

Some experts argue that these types of car seats do not significantly improve child safety, despite growing coercion to use them. Economist Steven Levitt, using nationally reported data on traffic fatalities noticed that there seemed to be no correlation between child use of either forward facing safety seats or booster seats and accident fatality rates (he did notice a difference caused by rear-facing car seats,

¹⁰¹ “What Parents Need to Know About the New LATCH Car Seat Rule,” *Consumer Reports*, August 9, 2013, <http://www.consumerreports.org/cro/news/2013/08/new-latch-car-seat-rules/index.htm>, and Ronald Medford, “Letter to Consumers Union Dated Oct. 19, 2009,” National Highway Traffic Safety Administration, <https://www.nhtsa.gov/sites/nhtsa.dot.gov/files/letter20to20consumers20union20oct2019202009.pdf>. See also 49 CFR 571.213 – Standard No. 213; Child Restraint Systems.

corresponding with data provided by the NHTSA). Interested in non-fatal outcomes, he extended his data to look at state reports of injuries (because federal data only concerns fatal accidents). He found that similarly to his previous data, forward facing safety seats and booster seats were ineffective at mitigating serious or moderate injuries. He did note a fifty percent decrease in mild injuries. Further research attempted to correlate these findings with vehicular impact studies, but found that no comparative studies existed. All fifty states had chosen to enact regulations requiring the purchase and use of specific classes of consumer goods without having on hand any evidence that these goods provided a public benefit.¹⁰²

A later comparative study, commissioned by the same author, similarly failed to find evidence that booster seat usage correlated to positive experience in accident outcomes. Furthermore, and perhaps most interesting, the attempts to run a comparative study met with industry resistance. Multiple vehicular impact labs refused to perform any comparative test whatsoever for Levitt. It is possible that for some reason his approach turned these companies off. Levitt argued that these companies were afraid of the car seat companies and of facing retribution if they did the type of study he proposed. He was only able to get a lab to agree to do said testing if the lab could do so anonymously, which provides some evidence to suggest the child safety seat industry has worked extremely hard to maintain the guardian consumer safety product paradigm.¹⁰³

¹⁰² Steven D. Levitt, "Evidence That Seat Belts Are as Effective as Child Safety Seats in Preventing Death for Children," *The Review of Economics and Statistics* 90, no. 1 (February 2008).

¹⁰³ Steven D. Levitt and Joseph J Doyle, "Evaluating the Effectiveness of Child Safety Seats and Seat Belts in Protecting Children from Injury" *Economic Inquiry* 48,

These findings, and especially the popularity of the primary researcher, led to lots of push-back against their findings. Dennis Durbin argued that "between 2000 and 2008 the number of children using car and booster seats have increased dramatically while the number of children killed in automobile crashes has declined by 45 percent."¹⁰⁴ This potentially invalidates Levitt's claims, however it did not attempt to consider the differences between correlation and causation. An additional criticism was made by The Center for Injury Research and Prevention (CIRP) contesting these findings to media outlets. Drawing on their own experts, they argued that the weight of evidence clearly indicated that child booster seats improved health outcomes.¹⁰⁵ What they avoided explaining to the media in their press releases, was that one of their primary researchers was Dr. Dennis Durbin. Furthermore, the CIRP was a non-profit funded primarily by industry groups, including both major car seat manufacturers as well as most of the major automotive companies.¹⁰⁶ Without passing judgment on accusations about the entire industry being a shell game, it is impossible not to notice the convenience of the resulting guardian consumerism to all parties involved.

The history of the infant car seat shows that, as it was transformed into a safety device, it became simultaneously the perfect guardian consumer product. In *The*

3 (July 2010): 521-36. For the narrative on their experiences acquiring testing data see Steven Levitt and Stephen J Dubner *Superfreakonomics: Global Cooling, Patriotic Prostitutes and Why Suicide Bombers Should Buy Life Insurance* (New York: William Morrow, 2009), 153-154.

¹⁰⁴ Dr. Dennis Durbin, Quoted in Rich McHugh and Kate McCarthy "Are Your Kids Really Safer in Car Seats" *ABC News* October 20, 2009.

¹⁰⁵ For a good example see ABC News, Ibid., and "Statement From the Center for Injury Research and Prevention "<http://abcnews.go.com/GMA/Parenting/pediatric-crash-experts-respond-superfreakonomicsstory?id=8867876>.

¹⁰⁶ See <http://injury.research.chop.edu/about/sersearch-sponsors#.UqtyWyeDnTo> for a list of major sponsors.

Motherless State: Women's Political Leadership and American Democracy, Eileen

McDonagh details many of the ways that having a political arena in which women are severely under-represented transformed society to incorporate gendered biases. This took place even without ill intent from the men in government.¹⁰⁷ The child seat is a product designed, engineered, sold, and governed mostly by men but bought and used disproportionately by women. The questionable safety records of child safety seats as well as their mandated usage and the exceptional difficulty it takes to use them correctly shows how it is an industry that does not understand its consumers.

Many of the well-intentioned web-based activists that have sprung up over the last few years have understood that there are problems with child safety. However, the emphasis these groups place on proper usage places regrettable and enormous pressure on individuals — especially on mothers — and creates a new type of expertise that becomes a prerequisite for "good" parenting. This situation has the potential to do what Ruth Schwarz Cowan claims that many previous technological advances have done, further overload and overwhelm women with mountains of work. The great tragedy is that these societally defined work requirements helps to ensure that mothers are too busy to engage in the types of civic activities that McDonaugh argues leads to greater representation in politics.

¹⁰⁷ Eileen McDonagh, *The Motherless State: Women's Political Leadership and American Democracy* (Chicago: University of Chicago Press, 2009)

CHAPTER 5: GENETIC MATERIAL

The twentieth century saw an incredible range of American-led technological breaking points. It saw humans irradiate the planet with deliberate and accidental nuclear radiation. It stands as a turning point in increasing crop yields and decreasing hunger. It saw the rise of automated machines with artificial intelligence. Americans slipped the bounds of the Earth, explored space and landed representatives for the first time on a celestial body. Perhaps the twentieth century saw the first steps towards a destiny without human hunger or work, one that could involve reaching and colonizing the stars. We could see a creative wellspring as automation continues to liberate humans from needing to labor to support our sustenance, or see life end on earth as human-caused radiation destroys the habitat that sustains us. Any of these outcomes seems plausible results of twentieth century technology, and they leave a great deal of space for understanding the meanings of the technological achievements from the American Century.

Perhaps the technological movement of the most consequence to questions of childbearing and rearing in the twentieth century were serious attempts at human breeding and controlling population genetics. These ideas about making better babies helped precipitate the genocide of the Holocaust during World War II and countless human rights violations, but also found simple, inexpensive and morally accepted ways of preventing some of the worst human sufferings.

There is no guarantee as to the future of technology of human genetics, and the field inspires great fear as well as great hope. Scholars contemplate childbearing starting in a laboratory where parents pick out a variety of characteristics about their future children before the child is conceived.¹⁰⁸ The potential advantages that might come from such a competitive conception, and the potential cost associated with having a child in the “new way” could lead to a separation of the human species, where the materially rich ensure that their offspring become genetically rich, leading to a society that bifurcates in the twenty-first century and ultimately a split species. The technology necessary for this type of commercial use of human genetics has existed since at least the mid-1990s, but for moral reasons its use has never been seriously considered.¹⁰⁹

During the twentieth century, Americans attempted to gain control of human genetics by two broad but distinct processes. In the first instance, the goal of the process was controlling and decreasing fertility for specific groups of people or in specific ways. The second was to amplify fertility, again in selected ways and for selected groups of individuals. Both ways are about organizing or modifying the way adults interact in society to achieve specific genetic goals. These categories of actions have seen commercialized elements, leading to the American child becoming, in important ways, a consumer product.

¹⁰⁸ Selection of traits for potential children is, as of 2017, extremely limited. Simple genetic screenings are easily accomplished: a lab can very successfully produce the desired gender for a gamete, or screen out a few single gene diseases like Huntington or Tay-Sachs. Most human characteristics are the result of many different genes. It is not possible to craft a genome that would avoid Alzheimer’s or breast cancer, although the risks of those and many other disease could be mitigated. More complex tasks like increasing height, muscle types and mass, or intelligence are nowhere near becoming a reality.

¹⁰⁹ Silver, *Remaking Eden*, 78-91.

None of the processes described above have been without controversy or entirely above ethical reproach. There are elements of each that have met with general revulsion. Much of this has been well-documented by historians, who have extensively chronicled the failings of the American eugenics movement. However, there are also elements of each process that have passed ethical tests and helped to develop important facets of society. These successes are generally less acknowledged. The controversies that these processes have faced have come from a wide variety of groups, although the controversies generally revolve around some combination of a small number of concerns. These concerns come from those worried about the natural environment, the historic legacy specific groups and races, religious moralities, and technological uncertainties.

Guardian consumer ideas have so far played an extraordinary role in navigating the fraught ethical waters of consumerism for human genetics. Efforts to control human genetics can be broadly categorized as those that try to increase or decrease fertility. A close examination of each of examples from each category shows precisely why beneficial guardian consumerism has been to society as Americans have commoditized human genetic material.

Children have never been distributed equally throughout human populations, and neither the burgeoning middle class in the post-war United States, nor the rapid evolution of medical technologies that allowed more babies to survive infancy could guarantee that interested adults would be able to birth children to rear. This principle is sociological (attractive people have more opportunities to reproduce), but also biological – there are

certain nutritional requirements that must be met before the human body (especially for women) attains fecundity.¹¹⁰

The limiting factors on fertility have historically distributed children disproportionately to those with more medical and financial resources. In the United States, the advances in medicine and sanitation that brought down infant mortality rates so dramatically during the first half of the twentieth century helped to make childbearing a much safer enterprise for aspiring parents. As these technologies made reproducing carry less risk and became much more affordable, it became much more plausible for less affluent individuals to safely reach the same number of children as their upper-class colleagues.¹¹¹

Guardian consumerism represented an important evolution in this way of thinking beginning with the early improvements in infant mortality rate in the late nineteenth century. Starting with the British statistician Francis Galton, a series of scientists attempted to formulate policies to address the critical topic of the human genetic pool and who would contribute to it. These ideas came to be known as eugenics or occasionally as applied genetics. Feeding off of both of these trends has been an increased desire, from both individuals and social planners, to make sure that the quality of the children

¹¹⁰ Fertility and fecundity are terms that have identical contemporary meanings and can be used interchangeably. However this has been contested historically, especially among fertility experts, applied geneticists, and eugenicists. As a matter of clarity, herein fecundity/sterility are used to mean people who exhibit biological ability to reproduce (most commonly the existence of true menses) and do not exhibit that ability respectively. Fertility is used to discuss variations within this group. In the simplest terms determining fecundity or sterility is accessible to anyone with access to common knowledge whereas fertility and infertility would require expert diagnosis for determination. The distinction used herein is mostly similar to that of colloquial use with the notable and relevant exception that colloquially infertility is frequently used to describe sterility.

¹¹¹ See May, *Barren in the Promise Land*, and Lovett, *Conceiving the Future*.

produced would rise. With fewer children, parents and society invested more resources in each child and so it was important that each child be worth this investment. This desire to optimize the quality of offspring was behind the field of eugenics. Many of the individuals involved were influenced by Charles Darwin (Galton was his cousin), and congregated around social policy ideas related to species propagation and Lamarckian inheritance that came to be known as Social Darwinism. Social Darwinists argued that modern society was causing serious structural challenges and wasting resources systematically by creating systems that allowed weak members of society to survive and propagate. They advocated two types of policies be pursued: reduce poor breeding, generally considered negative eugenics; and encourage good breeding, generally referred to as positive eugenics. Positive eugenics was relatively innocuous and a minor factor in American life. Negative eugenics was a much more important philosophy, as it motivated many state laws and directed millions of research dollars, especially in the first half of the twentieth century.

Negative eugenics had two histories in the United States, one formal and one informal. Both began in the early twentieth century. The formal history stretches from when Indiana passed a law permitting the compulsory and involuntary sterilization of certain individuals in 1907 through the elimination of the final legal eugenics policies in the 1970s.¹¹² During that time eugenic sterilization laws were held constitutional by the Supreme Court in the 1927 case *Buck v Bell*, a case which was never overturned. In the

¹¹² This point is debated by some. Many states have consideration in their laws for the sterilization of clinically incapable individuals. However, there have been significant checks put on the remaining systems. These can include guardian consent, medical consent, medical danger or necessity and consent of the state. See "Sexual Sterilization, Virginia Code §§ 54.1-2974 - 54.1-2980," General Assembly of Virginia for example.

thirty-four states that passed eugenics laws, more than one hundred thousand individuals were sterilized during this time period without their consent (and oftentimes without their knowledge). These programs were designed to make the gene pool better by preventing those with weak genes from reproducing. Targets of the program included the blind, the epileptic, those with criminal histories, and racial and social minorities. These efforts had the support of such influential Americans as Theodore Roosevelt, Alexander Graham Bell, Edward Thorndike, Robert Yerkes, Margaret Sanger and Lucien Howe. The American Eugenics Society was a prestigious and reputable research and public policy organization in the early twentieth century. Institutions such as the Rockefeller Foundation, the Carnegie Institute of Science, the United States Departments of Agriculture and State, Princeton University, Stanford University, and the American Medical Association were all proudly and explicitly involved in eugenics in the United States.¹¹³

The Nazi regime in the 1930s designed its eugenics programs by taking inspiration from the United States and in consultation with American experts and foundations. The US and the Nazi regime inflicted eugenic sterilizations upon similar numbers of their citizens. After World War II, popular acceptance of negative eugenics plummeted. Forced sterilization would become defined by the Rome Statute of the International Criminal Court as a crime against humanity in 1998. As a result, most scholarly research into the American eugenics experience has tried to explain how so

¹¹³ Jonas F. Soltis, “series introduction,” in Steven Selden, *Inheriting Shame* (New York: Teachers College Press, 1999), xi

many different people and institutions became not merely complacent but enthusiastic supporters of such policies.¹¹⁴

While the formal regime of negative eugenics was simply terrifying, the informal one that went on alongside it impacted far more individuals. Where the state did not legalize or authorize sterilization, it was still possible for authorities to perform them. In Colorado, legislation to authorize involuntary sterilization failed in 1908, 1913, 1925, and in 1928 due to strong objections from Catholic organizations. Despite this, former administrators at the Colorado State Hospital recalled frequent sterilizations. This example shows one specific type of problem that allowed the informal eugenics regime to effectively practice in the United States, which was that mental hospitals and ward administrators enjoyed exceptional control over the lives of their patients. The Academy Award winning 1975 film *One Flew Over the Cuckoo's Nest*, based on Ken Kesey's novel of the same name, did much to raise awareness about personal autonomy questions inside mental institutions. This concern was to an extent formalized in the court case *Rogers v. Okin*, which established a right for involuntary inmates to refuse specific courses of medical treatment.¹¹⁵

The number of patients in institutions in the early and mid-twentieth century was significantly higher than it became in recent years, which meant many more women were subjected to this type of involuntary sterilization. In the fifty years between 1955 and 2005, the national capacity for psychotic inpatient hospital care fell by roughly ninety five percent. This was accomplished mostly by the long deinstitutionalization movement

¹¹⁴ Rome Statute of the International Criminal Court, (U.N. Doc. A/CONF.183/9), Article 7.

¹¹⁵ Harry Brunius, *Better for All the World* (New York: Alfred A. Knopf, 2006), 328;

that transitioned medical practices towards treating individuals with mental and developmental challenges through community-based outpatient solutions. In 1973 the *Souder v. Brennan* court case further undermined mental institutions by clarifying that if the patients engaged in labor for the economic benefit of the institution they were entitled to the legal status and protection of employees. This helped to undermine the economic foundation of most mental hospitals, further decreasing their social impact.

A related, but subtly different procedure was the “Mississippi Appendectomy”. This phrase, coined by civil rights activist Fannie Lou Hamer, refers to the involuntary sterilization of medical patients. It generally occurred while the patient received care for which they had consented. Hamer herself had been a victim of this type of eugenic procedure, when she was given a hysterectomy at the same time she had a tumor removed without her knowledge or consent. This was in accordance with state policy in Mississippi that attempted to limit the fertility of Black women. It was also common in the 1960s for women to receive Mississippi Appendectomies after a caesarian birth. At times victim’s husbands agreed to the procedure.¹¹⁶

By the end of the twentieth century informed consent laws and ethical conventions typically generate protection for patients against these types of medical procedures, but that was not always the case. As voluminous historical literature shows,

¹¹⁶ Alethia Jones, and Virginia Eubank, *Ain't Gonna Let Nobody Turn Me Around: Forty Years of Movement Building with Barbara Smith* (Albany: SUNY Press, 2014), 259. As discussed, many women did not know they had received these procedures. After the public availability of “The Pill” in 1960 and the *Griswold v. Connecticut* ruling in 1965, many women began talking with medical professionals about family planning options. For many women this led to the discovery of their sterilization and infecundity, which also raised awareness of the scope of the programs they had been subjected to. As there was no similar way for men to learn about what had happened to them, it is unlikely that the extent to which involuntary sterilization impacted men could ever be known.

the move towards improved standards of patient information and informed consent came about as a result of second-wave feminists' demands that women have the right to control their own bodies.¹¹⁷

In some cases, victims of eugenics programs gave their consent to sterilization under coercion. Some non-profit or government groups that would give donations or subsidies to individuals from certain classes of society who would be willing to undergo sterilization. Others included courts offering sterilization to convicts in lieu of sentences.

There were programs that supported sterilization without engaging in negative eugenics. There are two distinctions that separated sterilizations into controversial informal eugenics and acceptable non-eugenic programs. The first distinction is coercion. Programs such as Project Prevention, which between 1998 and 2010 paid over thirteen hundred women three hundred dollars each to undergo sterilization was a recent example of a program that was arguably coercive, as it offered incentives for undergoing sterilization.¹¹⁸ The second distinction is that programs that were generally targeted towards the population at large were generally not subject to controversy on eugenic grounds. The Patient Protection and Affordable Care Act of 2010 (Obamacare) required all health insurance plans in the United States to provide voluntary sterilizations for women at no copayment or out of pocket cost. This did not meet the eugenic concern

¹¹⁷ See Claudia Dreifus, *Seizing Our Bodies: The Politics of Women's Health* (New York: Vintage Press, 1977), also Apple, *Perfect Motherhood*.

¹¹⁸ The situation is somewhat complicated because while Project Prevention paid a reward for sterilizations, they did not pay for the sterilization procedure.

because it was targeted to the population as a whole, rather than only being available to particular subsets of the population such as addicts or convicts.¹¹⁹

Negative eugenics was endorsed explicitly by the Supreme Court of the United States. Funding for it was provided by Congress. A majority of states passed laws allowing for eugenics. Medical societies supported it, as did many non-profits. While these facts show that the scale and national influence of the eugenics movement was undeniable, it was nevertheless significantly limited. These programs in most areas targeted small subgroups of the population. In parts of the South, this was explicitly racial. In Appalachia there were cultural/ethnic elements to eugenic targeting. Overwhelmingly, negative eugenics targeted those deemed genetically unfit due to mental incapacity or blindness.¹²⁰

Gradually negative eugenics became less palatable to Americans. While in the earliest decades of the century many intellectuals and social scientists enthusiastically supported eugenics, this greatly diminished over time. The most important intellectual organization of eugenics was the Eugenics Records Office (ERO) at the prestigious Cold Spring Harbor Laboratory, founded by Charles Davenport and directed for many years by Harry H. Laughlin. The low scientific standard that the ERO held to its work disenfranchised many prominent figures, especially over time. Director Vannevar Bush of the Carnegie Institute for Science, which by the 1930s had become the major funding

¹¹⁹ Ginger Adams Otis, "Why I took \$300 to be sterilized," *New York Post* October 31, 2010. <http://nypost.com/2010/10/31/why-i-took-300-to-be-sterilized/>. <https://www.healthcare.gov/coverage/birth-control-benefits/>. Just because policies were not controversial for eugenic reasons does not mean they were not controversial. Antinatalist (and pronatalist) policies in America have almost always been objected to by a variety of religious and cultural groups.

¹²⁰ Edwin Black, *The War Against the Weak: Eugenics and America's Campaign to Create A Master Race* (New York: Dialogue Press, 2003).

source for Cold Spring Harbor Laboratory was convinced that the work of the ERO was without merit and spent several years successfully forcing Harry Laughlin into retirement and closing the ERO. The remaining scientific reputation of eugenics was permanently damaged in America after World War II because negative eugenicists had been enthusiastic international collaborators on the topic with Nazi Germany. The American Eugenics Society pivoted into an organization interested in positive eugenics, and formal eugenics rapidly faded to irrelevance in America.

After World War II, some individuals looked to control human genetics through negative control without coercive means. This became especially true as scientists began to better understand genetic diseases. Recessive genetic diseases were particularly easy to focus upon. These diseases tend to have relatively few victims, as recessive diseases have a much more difficult time spreading than dominant diseases, and the victims tend to have long associations of kinship that have helped to perpetuate the genetic disease.

The first negative genetic breeding program to attract truly voluntary and unconstrained participants was probably for the disease Tay-Sachs. Tay-Sachs, originally called amaurotic family idiocy, was first diagnosed in the 1880s. The first indications in patients were impaired vision, leading to blindness and eventually death. Children who have Infantile Tay-Sachs (the only kind known until the late twentieth century) generally die before age four. Tay-Sachs frequently reoccurred in families or close relatives, and is found mostly in the Ashkenazi Jewish community, although some French Canadians and Cajuns also carry the disease. Because of these factors, early in the twentieth century researchers believed that Tay-Sachs was an inheritable, recessive genetic disorder of a single gene.

In the 1950s a series of Jewish communities organized local groups devoted to research leading to effective therapies and especially a cure for Tay-Sachs. These eventually consolidated into the National Tay-Sachs Disease Association. Researchers were able to identify gangliosides, a type of protein build up, as the root cause of problems in Tay-Sachs victims, and in 1969 to isolate the cause: a lack of the enzyme Hex-A. Unfortunately, decades of attempts to find ways to administer Hex-A would prove ineffective. Ultimately, Tay-Sachs would prove incurable into the twenty-first century.

After researchers had identified the importance of Hex-A to preventing Tay-Sachs, several groups ran experiments that performed prenatal testing for the enzyme. Many pregnant women from Ashkenazi communities volunteered for the testing, and researchers were able to quickly and effectively distinguish between pregnancies destined for Tay-Sachs and those which would result in healthy children. In every case, the parents of prospectively ill babies procured abortions, after which cellular analysis showed that the children were already accumulating the problematic gangliosides and totally lacked Hex-A. Many parents of children with Tay-Sachs had their other children tested for Hex-A to determine if the healthy children were carriers, with the goal being to help their children avoid the pain of having a child with Tay-Sachs. While this showed the possibility of genetic testing to ameliorate the impact of Tay-Sachs, it was no ideal solution.

A better long term solution to Tay-Sachs was to establish a broad screening program to identify carriers of the disease. Couples could get tested to determine if they were carriers of the Tay-Sachs disease, and if so they could consider not having children,

or potentially having prenatal screenings followed by selective abortion. Hex-A screening could be done relatively cheaply and it was minimally invasive requiring only a vial of blood.

Dr. Michael Kaback founded and organized the first screening program in Baltimore, launched in 1971. He had recently come into contact with a set of parents who had watched their infant child regress due to Tay-Sachs and who came to him for diagnosis. When he confirmed to this couple that their young son was soon to die from a horrific genetic disease, they were already pregnant with their next child. As they faced the uncertainty of their next child having the disease, and were too far along to consider termination, the couple decided to have their next baby tested at birth. They would have the child tested before they ever saw him, and if he was positive for Tay-Sachs they would put the baby in foster care without ever meeting him. After guiding the couple through the emotional process, Kaback decided to establish a screening program to prevent other couples from undergoing the pain he had witnessed.¹²¹

Kaback raised significant funds from the National Capital Tay-Sachs Foundation, and from the state and local communities. He persuaded Jewish charitable organization members to volunteer on behalf of his efforts to assist in the screening process. He also convinced church officials from the Washington D.C. area to donate space for testing. When organizing outreach to rabbis, he ran an excellent educational awareness program, and asked them to urge congregants to participate in the screening process. The first screening took place in 1971 in Baltimore's Temple Beth-El. Nearly fifteen hundred people came out to have their blood drawn, of which thirty-eight were carriers for Tay-

¹²¹ Cowan, *Heredity and Hope*, 140-143.

Sachs. Kaback was able to test nearly ten thousand individuals in the Baltimore-Washington area, and he quickly helped spread the community-based methods across the nation.

The screening programs led to a decrease in children born with Tay-Sachs. However, there were two substantial problems with the program. Almost all individuals who received screenings were married, and thus the only therapy available involved abortion. To many couples this was not a problem, but inside the Orthodox Jewish community the situation was completely different. Objections to prenatal testing, contraception, and abortion within those communities led to refusal to engage with the screening processes. As a result, these communities continued to see Tay-Sachs. The second problem was related to the Holocaust. Many Jewish individuals worried that raising awareness of a “Jewish disease” would cause further racial stigmatization. There were also concerns that screenings could lead young carriers of the disease to avoid childbearing.¹²²

In 1983 an orthodox Rabbi, Josef Ekstein, had his fourth Tay-Sachs positive child and became motivated to find a solution that could meet his moral and medical standards. The resulting idea led to a mild modification to screening programs but addressed both sets of concerns. Instead of having married couples come in for screenings, the testing would be done to high schoolers and anonymously. They would not be told the results. Then, when they were considering matching with a particular individual, they could call the registry and find out if they were a “good match” or to receive genetic counseling encouraging them to not go forward with the marriage. This way individuals would

¹²² Ibid., 144-145.

never know for sure if they were carriers, so they would presumably be as willing to have children as if they were not screened, and could also avoid marriages with both couples as carriers. Having the testing done as essentially a check on an engagement was also compatible with traditions within some parts of the Orthodox community that had parents arrange marriages or employed matchmakers for finding spouses.¹²³

The result of the new database approach, combined with previous screening methods, proved effective. By the end of the twentieth century cases of Tay-Sachs had been reduced by ninety percent. A community-based initiative program administered without coercion was thus proven to be potentially effective in culling genetic disease. Many families have been made happier, and the gene pool has been forever altered in America by the series of programs that have nearly eliminated infantile Tay-Sachs.

Tay-Sachs testing was possible in part because of a refusal to consider guardian consumerism. One of the striking parts of the story is how individually driven much of the motivation behind the screenings were. It was important for parents to consider their own sufferings and emotional pain in considering screening, but at least according to Cowan there seems to be much less thought of the child. This is especially made clear in the example recounted by Kaback, where parents would solve the problem of having a child with Tay-Sachs by putting the child into foster care. However, once a screening program was on solid foundation, the only way to ameliorate ethical and religious concerns became transforming the program into one of guardian consumerism. As Tay-Sachs became a concern for prospective spouses to consider, it became precisely the type

¹²³ Ibid., 145-147.

of issue where individuals were asked to consider the best interests and desires of their offspring, and thus a successful part of guardian consumerism.

While Tay-Sachs showed the potential for success of non-coercive controlling of human genetics, there have been failures as well. Probably the most similar program to the Tay-Sachs one involved Sickle Cell disease. Unlike with Tay-Sachs, a variety of cultural, historical, ethical, and medical factors prevented any progress with genetic screenings for Sickle Cell Disease.

Sickle Cell Disease is quite similar to Tay-Sachs in technical ways. It is a recessive genetic condition that was generally diagnosed in children. Like Tay-Sachs it was mostly contained to specific segments of the population of the United States, as Sickle Cell Disease is mostly limited to the African American community. For much of the twentieth century, effective medical treatments for Sickle Cell Disease proved elusive. However, unlike Tay-Sachs it is generally possible to develop to adulthood and live a relatively normal life with Sickle Cell Disease.

Sickle Cell disease has one medical complication that seriously made social policy much more difficult. Sickle Cell disease has a closely related condition, Sickle Cell trait. Sickle Cell trait has the same characteristic deformed blood cells as Sickle Cell Disease, but it only impacts some of the individuals' blood instead of all of it. Individuals with the trait were carriers of the disease, and thus candidates for genetic counseling when considering potential spouses. Most individuals with Sickle Cell trait did not exhibit any symptoms from the trait, although there was some documentation in medical literature of individuals diagnosed with Sickle Cell trait but not the Disease

suffering from a variety of complications, especially in high stress environments. By and larger however, Sickel Cell trait was a mild medical condition.

After the development of a viable screening tool for Sickel Cells in 1968, political enthusiasm for large screening programs began in the early 1970s. In October of 1970 the *Journal of the American Medical Association* featured an article about the sorry state of medical care for Sickel Cell Disease. Coverage of the article in the *New York Times*, *Ebony*, *Time* and *Newsweek* illuminated the impact of the topic and the political timeliness. President Nixon made Sickel Cell Disease a point of emphasis in his spring 1971 message to Congress, which passed the Early and Periodic Screening, Diagnosis, and Treatment Programs requiring that states offer screening as a part of Medicaid. The following year the National Sickel-Cell Anemia Control Act provided federal funds for screenings through hospital-based programs. Many states also passed legislation requiring or funding screening programs.

At this point, there was significantly more political will and influence behind screening for Sickel-Cell Disease than there had been for Tay-Sachs. While seemingly a positive, this would ultimately doom the screening process. In the case of Tay-Sachs, local programs built up a national infrastructure specifically out of a community of concern. The doctors and fundraisers were mostly members of the affected Jewish community. This same type of input did not occur for Sickel-Cell Disease screening, and many members of the African American community became concerned about it as a genetic testing program that was exclusively targeting African Americans. To make it worse, in some states screening was required before marriage, but only for affected groups. This meant both a medical procedure and bureaucratic obstacle to Black

marriage without any similar obstacles to other Americans. These serious concerns gradually turned many African Americans against the program.

Another complication to a successful screening program for Sickle Cell Disease was that the screening process could only alert individuals to having Sickle Cell trait, without distinguishing it from Sickle Cell Disease. While there were diagnostic tests that could distinguish between Sickle Cell Disease and the trait, these were too expensive and complicated to be viable for nationwide screening. Any meaningful screening program would have to provide further testing for individuals who tested positive for the trait to determine those who had Sickle Cell disease.

The necessity of the two-step screening process also meant that educational awareness would be critical for a successful program. In 1970 one in five doctors could not accurately distinguish between Sickle Cell trait and Disease, even though these two related genetic conditions had completely different symptoms and prognoses. These challenges made it hard for families and policy makers to make accurate claims about the value of screening. Additionally, as Sickle Cell Disease does not prevent individuals from having relatively healthy lives, the idea of using therapeutic abortion to help contain the disease was for many groups absolutely not possible. The net result was a program that had much enthusiasm but little potential for success. By 1980, most compulsory screening laws had been abolished. Funding for testing and genetic counseling remained available for some individuals through private health insurance, but was rarely used in the last two decades of the twentieth century.

Genetic Screenings for Sickle Cell disease in the United States provides an interesting perspective on guardian consumerism. Almost every example of guardian

consumerism discussed in this work has examined cases where parents are looking at their progeny in a particular and individual sense. Partially because they were dealing with prospective children, when considering Sickle Cell disease, parents looked at their offspring in a general, more abstract sense. They evaluated their genetic contributions to their children in the context of their desires for society rather than their hopes and dreams for their particular children. This guardian consumerism ended up being far more potent than the combination of celebrities, experts, religious leaders, and government programs at overcoming resistance to prevention of Sickle Cell disease..

An alternative way of looking at genetic disease and guardian consumerism illuminates the ethical evolution of eugenic thought. The American eugenics movement, and eugenicists more broadly tended to argue through the early twentieth century with discussions of the greater good, or the broad interests of society. The idea was to convince society that certain lesser individuals needed to suffer decreased fertility, but that there would be an enormous social gain. When this tactic proved so compatible with genocide in the Holocaust, it naturally became less palatable. However, guardian consumerism combined with advances in genetics and genetic testing allowed for a similar decrease in genetic disease. Parents, in their role as guardian consumers, were regularly tasked with imagining the best interests and desires of their progeny. When parents started thinking about their children in this way, it opened up a new line of argument against carrying babies with genetic disease. They were, by culling the genetic disease, acting as responsible parents and helping their child to avoid pain and suffering.

This ameliorative assertion allowed parents to voluntarily cull diseases that no amount of legal policy could have achieved.¹²⁴

The impact that movements which sought to decrease fertility had on American families in the twentieth century was vast. The injuries caused by decades of involuntary infertility continue to be illuminated by new works of historical scholarship. The transformation of involuntary fertility decreases to voluntary ones occurred by the creation consumer concerns. The most consequential of these can rightfully be termed guardian consumerism, and show the importance that this type of consumerism had in American society. While most voluntary, guardian consumer efforts to decrease fertility originate far later than involuntary efforts, they appear to have met much greater social acceptance.

Parallel historically to efforts to selectively decrease fertility have been efforts to selectively increase fertility. Just as efforts to decrease fertility used advances in genetics and screening technology to attempt to advance their efforts, so too have proponents of selectively increased fertility. In many ways similar, technology and social will for increasing fertility as an effort to impact the human genetic condition became vastly more popular in the period after World War II.

There are two ways to use increased fertility to impact human genetic heritage. Both have an extensive past in the United States. The first of these is a somewhat simple process: create processes to coerce those with extraordinary genetic gifts to reproduce extensively. This task is almost comically easy to accomplish. Human constructs of

¹²⁴ While using a different vocabulary, Edward Slavishak makes a similar argument about the value of consumer language to eugenic policy shifts in “From Nation to Family: Two Careers in the Recasting of Eugenics” in *Journal of Family History* (Vol. 34 No. 1. January 2009), 89-115.

beauty and property rights that give tangible value to excellent individuals have caused this to occur throughout human history. More specifically, the United States has at times created policies specifically designed for this purpose.

Probably the most famous of these projects designed to selectively bolster fertility were the Fitter Families Contests. These were organized projects in the early twentieth century. They were mostly organized at county fairs, and judged contestant families in ways similar to how livestock were judged at fairs – a combination of submitted history and visual inspection. The purpose of these events was to celebrate and praise exceptional individuals to inspire them to continue breeding. While these efforts have been extensively documented, it is difficult to judge the extent to which they increased fertility in the target populations. Ultimately the impact of these programs on society has been relatively minimal, because they were attempting to accomplish something that has long been a hardwired part of human sociology.

One unique evolution in eugenics is worth noting for its interaction with increased fertility using social means. After World War II, the American Eugenics Society completely reorganized itself around a new mission. Since the 1950s, its work has focused on research of environmental degradation of genetic material. Accordingly, the society rebranded its journal from *Eugenics Quarterly* to *Social Biology* and itself as the Society for the Study of Social Biology. Its policy efforts focused in opposition to radiation exposure. Its advocacy has consisted of protests against nuclear weapons, nuclear energy, and exposing humans to unnecessary electromagnetic radiation.¹²⁵

¹²⁵ Frederick Osborne, History of the American Eugenics Society #1, Box 17 American Eugenics Society Records, American Philosophical Society.

Far more tangible than efforts to increase general population fertility or genetic materials, were efforts to boost fertility in individuals. These efforts, to help individuals who were conventionally infertile, have increasingly become a factor in American family life. As technological advances have increased the effectiveness of artificial fertility methods, political and legal considerations have also had a significant impact on the development of artificial fertility methods and a marketplace in which to sell them. Many of these efforts have resulted in fertility entirely through artificial means.

Human artificial insemination originated in the eighteenth century. The first documented case occurred in Georgia, where in 1871 physician J. Marion Sims used semen from a husband to impregnate the wife. Sims' method, termed ethereal copulation, was limited by several restraints. Morally, he refused to engage in his form of assisted copulation for anyone other than married couples. Scientifically, he incorrectly believed ovulation occurred during menstruation and so mistimed his injections. He nevertheless reported a success rate of four percent. Despite these experiments, Sims' work was never published, and it was not until well into the twentieth century that accounts of them would emerge.¹²⁶

While there were probably other experiments, the first publicized account of artificial insemination occurred at Jefferson Medical College in 1884. There Dr. William Pancoast met and treated a couple suffering from infertility. After an exhaustive examination of the female failed to address any doubts about her fertility, they examined the male. He had suffered from gonorrhea as a young man, and was completely infertile. Two months of treatment were attempted, but failed to resolve the problem. A medical

¹²⁶ A.T. Gregoire, and Robert Mayer, "The Impregnators", *Fertility and Sterility* (Vol. 16, No. 1, 1965), 132.

student suggested that a third party be used to achieve pregnancy. The best-looking member of the class of medical students was used as a donor, and after anesthetizing the woman, the semen was successfully implanted in her. She became pregnant, and delivered without complication. Originally neither parent was informed about what treatment had resulted in their offspring, although at a later date the husband was informed.¹²⁷

While this case took place in 1884, it did not become public for another twenty five years. Dr. Pancoast never had any inclination to share what he had done. One of the students in the class who had observed the procedures, Addison Davis Hard published the results in *Medical World* in 1909. Hard included information noting that he had tracked down the young man, and found him to be in general good health. Thus 1909 was the first time that any published medical evidence showed that artificial insemination by way of a donor was possible.¹²⁸

Pancoast's case shows how tenuous cultural traditions about reproduction were in nineteenth century America. As soon as he and his students were willing to consider attempting to separate reproduction from the bounds of a traditional relationship, they immediately began optimizing the reproduction. While testing the wife for infertility, they instead gained tangible evidence of her excellent fertility and reproductive system. This made reproduction desirable from a eugenic perspective. As such, almost any male individual would provide a social benefit. However, as they could not use her husband, they immediately wanted to use genetic characteristics to improve the inheritance of any

¹²⁷ Ibid., 130-131.

¹²⁸ Ibid. There is evidence that Hard had alternative motivation for publishing as he did, in that he was the original donor.

resulting children. Considering the secrecy involved, Pancoast cast a relatively wide net in search for a donor. This shows just how powerful an impulse to improve genetic inheritance would be.

There was a furious backlash against Hard's article. Letters from all over the nation denounced the practice. Americans made it clear that while donor insemination may have been scientifically possible, in the early twentieth century it was not socially acceptable. Medical institutions like the New York Academy of Medicine disparaged the techniques as risky and unreliable. Religious institutions like the Catholic Church reiterated their staunch opposition to all forms of artificial impregnation.

This backlash makes it hard to track further donor insemination cases, and to accurately understand how rapidly the technique spread across the nation. However from the scattered reports that have made it into medical or historical records, it is possible to draw some general outlines. Donor insemination became a valued, but silent way of treating infertility. It was not widely viewed as a viable way of reproduction for purposes other than as treatment for male infertility. Finding a source for donor semen was for many couples a significant challenge. Two fairly common sources were the male family members of the infertile male, and researchers associated with the consulting physician.

These tendencies were intensified in 1934 when for the first time "test tube babies" were reported concurrent with medical practice. This happened when Lillian Lauricella conceived twin girls using fresh semen procured from her husband. Putting the face of a pregnant woman to the idea of artificial insemination did not significantly change popular opinion. Most Americans remained opposed to the idea of donor insemination. Furthermore, even though in Lauricella's case the donor was her husband,

both her doctor and the press in general viewed the story in the context of stranger donations. It seemed obvious to all involved that the procedures were intertwined for good or for ill. Despite these concerns, demand for the procedure continued to quietly grow, until it became common for physicians across America to at least sporadically perform the procedure.¹²⁹

The largest problem with donor insemination was procuring the semen. For most medical practitioners willing to perform donor insemination, acquiring sufficient semen was an exhausting burden. The problem was that the quality of semen would degrade rapidly. A viable long term storage solution would significantly ease the pressure urologists and fertility specialists faced in acquiring sufficient high quality semen. In 1952, the University of Iowa opened up a multi-specialty fertility clinic. After reading research on freezing bull sperm, graduate student Jerome Sherman began experiments to determine if human sperm could be viably frozen.

Sherman's experiments showed early promise. Urologist Dr. Raymond Bunge, an associate professor at the school took interest in Sherman's work when they met through Sherman's unrelated assistantship in the urology department, and they began collaborating. Bunge arranged for a stable research position for Sherman, and recruited Dr. William Keettel to perform inseminations into willing patients to test Sherman's methods. In 1953, they collaborated to use previously frozen semen to successfully impregnate at least three women.¹³⁰

¹²⁹ Kara Swanson, "The Birth of the Sperm Bank," in *The Annals of Iowa* (Vol. 71, No. 3, Summer 2012), 244-245.

¹³⁰ *Ibid.*, 253-258.

Bunge had a keen insight into the pitfalls and practicalities of medical publications. He was able to secure prestigious publication of their work in *Nature* and *Fertility and Sterility*.¹³¹ He also made public announcements of the probable success that led to both local and national news coverage of the research. The researchers took considerable efforts to bury the sources of the semen they had used in an attempt to avoid public outcry against donor insemination. This was mostly successful. The research faced some backlash, but after the healthy birth of all three children there seemed real potential in the procedure.¹³² Further experiments would confirm the viability of freezing semen.

Sperm banks were not yet commercially or technologically viable in the 1950s, however. As more women used frozen sperm, it became increasingly clear that the success of insemination using previously frozen sperm was lower than with fresh sperm. Combined with the added cost, most medical providers did not consider frozen sperm a viable part of their practice. Large university clinics would occasionally use frozen sperm in unusual circumstances. These groups also occasionally sold frozen sperm to rural clinics that had difficulty acquiring fresh sperm. However, despite sensational headlines about fathers conceiving children after their death, the logistics did not develop for viable sperm banks.

¹³¹ Bunge was listed as a coauthor on all of the papers, although it is not entirely clear that he provided any substantial contribution to the work. He clearly provided the publishing and media strategy that the researchers used, and secured a variety of funding sources for some of the work. He also appears to have maintained informal contact with patients on behalf of the research group.

¹³² One of the babies acquired a significant disease in utero that caused severe complications after delivery. However, after the cause of the illness became known to Bunge, he did not mention it in either public or scientific accounts, for fear of causing unnecessary fear in the public.

Sperm banks grew gradually despite these formidable objections. Universities, research centers, and passionate advocates sporadically generated sufficient capital to establish modest banks, and to continue research. A few commercial sperm banks started opening their doors in the late 1970s. In particular, the Hermann J. Muller Repository for Germinal Choice famously attempted to market itself as a Sperm Bank for Nobel Prize winners. The move was an advertised overstatement meant to emphasize the possibilities of using a sperm donor for conception. It generated significant interest from the press (figure 5.1), even though the sperm bank only attracted a single Nobel winning donor.

PLAN SEEKS TO ENRICH HUMAN GENE POOL

Sperm Bank Donors All Nobel Winners

By **EDWIN CHEN**
Times Staff Writer

Later this year, when three East Coast women with infertile husbands give birth for the first time, they will become the first beneficiaries of what may well be the world's most exclusive men's club.

It's a sperm bank, of course. But with a twist.

All its donors are winners of the Nobel Prize in science.

"Yes, I'm one of them," Stanford's William B. Shockley, winner of the 1956 Nobel Prize in physics, confirmed. "This is a remarkable attempt, and I'm thoroughly in sympathy with this sort of an approach."

To date, at least four other Nobelists have donated to the sperm bank, according to Robert K. Graham, the program's founder.

Three women have been successfully inseminated, and more than a dozen other women from around the country have expressed interest. All

of the women have exceptionally high IQs, according to Graham.

One of the 23 Nobelists contacted by The Times was Linus Pauling of Stanford, who chuckled when asked about the exclusive repository.

"I don't have strong opinions about it," Pauling said. "But it hasn't appealed to me. The old-fashioned way seems still the best to me." Pauling won a Nobel Prize for chemistry in 1954 and another for peace in 1962.

Shockley, in an interview, said he was "disappointed" that more of his fellow Nobel scientists had not been willing "to add their names to this good cause."

In addition to Shockley, the existence of the sperm bank was confirmed by at least five other persons who were consulted during its development, including Steve Broder, a Los Angeles sperm bank supervisor who said he helped set it up.

Graham, a 74-year-old, self-made Escondido business tycoon, is understandably pleased.

"The dream began in Hermann Muller's mind a quarter-century ago, and it's now finally in initial operation," said Graham, who, behind a veil of secrecy, has nurtured his deceased friend's controversial dream to fruition.

The Repository for Germinal Choice, currently located in a con-

Please Turn to Page 3, Col. 1

THE WEATHER

National Weather Service forecast: Variable high cloudiness today through Saturday morning and mostly cloudy Saturday afternoon. Highs both days in the low to mid-70s. High Thursday, 71; low, 58. High Feb. 28 last year, 66; low, 46. Record high Feb. 28, 88 in 1901; record low, 39 in 1962.

Complete weather information and smog forecast in Part II, Page 4.

Figure 5.5: Article on the Repository for General Choice, from *LA Times*. Feb 29, 1980

However, it was not until the AIDS crisis that sperm banks became a potent commercial process. Because the AIDS virus could go undetected in humans for a significant amount of time, during the 1980s it became critically important to, whenever

possible, embargo and test all donated human tissues. The relatively low costs associated with freezing sperm were inconsequential to parents worried about transmission of HIV. Sperm banking grew rapidly, and became one of the tools used to reproduce in the post-HIV world.

By the early 1980s, all of the necessary prerequisites for a robust consumer marketplace for human reproductive materials was in place. Technological advances had made long-term storage of male reproductive matter viable. Sexually transmitted diseases had created a need for these services. While there were still potentially political issues involved with legal responsibility for children resulting from donated sperm, these issues proved uncomplicated to resolve.¹³³

As a marketplace developed for male reproductive materials, an obvious necessity was to find a price on those materials. Determining a fair price for a man's semen was a complicated process. From the earliest days, sperm banks generally did not have difficulty attracting a robust variety of donors.¹³⁴ The rapid rate at which donors could regenerate their sperm supply, and the minimal pain and suffering necessary for donation, all helped to significantly decrease costs inside the marketplace.

Because the costs of using donated sperm were so low, sperm banks had significant incentives to add value to their products. The easiest and most effective way to add value to sperm donations was through additional screenings. Sperm banks

¹³³ The same would not prove true as the marketplace extended into female reproductive matter.

¹³⁴ This point might seem surprising because doctors had experienced so many difficulties acquiring donors prior to sperm banks. However, there was a significant difference in time between the two situations. Sperm banks needed healthy donations of semen and had no constraints on the time of donation and potentially few constraints on the location of donation. Physicians using fresh donations needed those donations inside small specific timing windows and either at or near specific locations.

generally required extensive questionnaires of their potential donors, especially looking for a detailed family medical history. However, these forms were generally not under the penalty of perjury, and sperm banks did not investigate to verify the contents of individual's purported family background. Many banks required twenty pages or more of screening materials, including detailed descriptions of personalities and hobbies not only of the donor, but their parents, grandparents, siblings, aunts, uncles and cousins. While complying with this screening process was an obvious irritant to potential donors, the low cost of the actual donation made it possible for sperm banks to profitably provide financial incentives to their donors.

In addition to donor screening services, sperm banks advertised and used donation screening technologies. Using Sperm banks and cryogenically frozen sperm to avoid HIV was premised on the availability and efficacy of testing on the semen samples. Sperm banks could also screen donations for other major sexually transmitted diseases. This naturally led users of sperm banks to assume the availability of other tests on prospective samples, especially those that would screen out genetic diseases. Sperm banks would advertise how they provided screening for diseases (from medical histories), along with tests for diseases in semen samples (for active non-genetic diseases). Customers frequently were confused into believing that their samples had been tested for genetic diseases.¹³⁵ This helped couples come to believe that they could take simple and affordable steps to cull out genetic diseases and produce superior offspring.

¹³⁵ Note that in 2017 it is impossible to test sperm for most genetic diseases, and would also be an exceptionally inefficient and costly method of trying to screen for genetic diseases.

Sperm banks added value to their marketplace in at least one major way besides providing medical screenings. As discussed above, one obvious appeal of donor insemination has always been the ability to breed for excellent traits. Sperm banks have fed into this desire by having donors provide extremely detailed physical and intellectual information. They have at times asked for copies of academic transcripts and standardized test scores, as well as detailed information on educational attainment. In addition to current and past photographs, some companies have asked for detailed photographs or physical descriptions of donors families.

While the number of individuals who have utilized sperm banks is relatively low in comparison to the population as a whole, the value added advertising that sperm banks have engaged in clearly connects to the broader phenomena of trying to make the perfect child. Reshaping parenthood into a process that was about perfecting a single child became a major goal for environmentally concerned parenting groups in the 1970s. While their earlier efforts had focused on behavioral parenting, technology rapidly allowed the process to be applied to human genetics. The early efforts to add value to sperm banking helped lead to limited acceptance of preimplantation genetic diagnosis in the 1990s. This furthered the use of crude technologies to attempt to buy the perfect baby. Couples interested in having a designer baby would become a major category of sperm bank clientele.¹³⁶

Designer babies as a historical category have undeniably captured the imagination. The implications of being able, or being forced to have only perfect children was a staple of twentieth century fiction. From *Brave New World* and *1984*, to

¹³⁶ Between 1970 and 1975, *Parents* magazine ran at least 22 articles premised on having better, fewer children.

Gattica and *Idiocracy*, the media consistently pondered the morals and limits of controlling human genetics. Many pro-life organizations had concerns about genetic knowledge and testing leading to selective abortion. Some genetic tests performed in-utero have had precisely that outcome: There was no therapeutic treatment available and so the mother would receive genetic counseling about the possibilities of getting an abortion. In addition, many groups have worried that genetically superior designer babies would limit the potential of more typical babies.

These concerns have been mostly premature. The marketplace for genetic materials has proven robust, and millions of babies have been born after using unconventional fertilization or insemination techniques. However most genetic attributes have proven far too complex to meaningfully cultivate and market. While fertility clinics that perform in vitro fertilization have had significant additional control of the genetic material, designer babies has proven to be more marketing than material.

One of the potential uses for donor sperm and artificial insemination was to facilitate pregnancy for individuals or couples who had no interest in heterosexual sex. Lesbians faced significant social and legal obstacles preventing them from taking advantage of donor insemination. The largest obstacle was legal, as courts regularly ruled even against allowing lesbians to maintain custody of their own natural born children. Eager to avoid the legal complications of selling sperm to homosexuals, many sperm banks enacted policies or engaged in behaviors designed to make their services exclusively for married heterosexual couples. While this started to change in the 2000s, even into the 2010s some sperm bank websites expressed missions explicitly about

helping infertile heterosexual couples. However, other sperm banks were eager for the business of these women, and set up LGBTQ resource offices and outreach programs.¹³⁷

Regardless of the reason that customers came to a sperm bank, they inevitably engaged in guardian consumerism over human genetic materials. Because information on disease vulnerability, race, and educational attainment of the donor was available, clients inevitably used that information and made conscious choices about what would be the best for their prospective child. There is little evidence that the type of social pressure to engage in guardian consumerism that most parents have felt so keenly with nutrition became attached to conception and the choice of genetic material. Guardian consumer pressure has mostly impacted individuals to decrease fertility and prevent the transmission of heredity diseases. However cultural changes to increase the scope of this guardian consumerism in the twenty-first century remain possible.

Human genetics, especially when applied to decisions about having children, is about potential. Throughout the twentieth century, technological advances have given scientists more and more ability to shape and control this human potential. In ways that both increased and decreased fertility and reproduction, parents have dealt with these changing potentials in many ways. While there has been horrendous and tragic missteps in managing this potential, Americans have also realized some wonderful opportunities. It has been the most complex case of guardian consumerism. Parents, looking out for the best interests of their children, did not exhibit the same systemic weaknesses to advertising that those same parents succumbed to in other aspects of their children's

¹³⁷ See Robert Self, *All In The Family: The Realignment of American Democracy Since the 1960s* (New York: Hill and Wang, 2012), 230-235.

lives. It was an exceptional rebuke to the pervasive efficiency of marketing for the good of the child.

CHAPTER 6: CONCLUSION

In American history, guardian consumerism was a consumerism driven by two necessary conditions. First, the purchaser had to be buying on behalf of another individual who could not clearly communicate his or her own wishes and desires. Second, the purchaser had to sincerely believe that the decision regarding what and how to purchase goods was a moral act. In the twentieth century, the United States developed a consensus about the role of government in society that allowed this type of consumerism to flourish, especially among new parents.

While this definition does not necessarily restrict guardian consumerism to babies, I have chosen to focus exclusively on buying for babies as it most easily meets this criteria. Examination of specific themes in baby consumerism throughout the twentieth century illuminates the societal forces that created and have benefited from guardian consumerism. These themes also show both benefits and drawbacks of guardian consumerism for America.

As shown in chapter two, the first half of the twentieth century saw two massive transformations in the marketplace of advice for new parents. The first of these transformations was in the relationship between the reader and the source of advice. Prior to the twentieth century, the primary source of most parenting advice had been from natural sources, generally the new parents' own parents and siblings. During the first half of the twentieth century an exhaustive campaign by public health officials and medical practitioners successfully challenged this regime and replaced familial advice with expert

advice. The second transformation involved the source of this advice. Starting at the founding of the Children's Bureau in 1912, the federal government became the most important source of parental advice and education. This strong federal role started in the Progressive Era and continued on a strong course through the New Deal. It rapidly ended when a series of unintentional events during World War II marginalized the role that the federal government had played in advice-giving, opening room for private experts. This opening was filled first and foremost by Dr. Benjamin Spock's *Baby and Child Care*. First published in 1946, *Baby and Child Care* became the second best-selling book of the twentieth century.

Since the baby boom, advice materials have continued the previous trends towards privatization and commercialization. Probably the most noteworthy change was the rise of *What to Expect When You're Expecting*. This book, authored by Heidi Murkoff and Sharon Mazel and originally published in 1984, has dominated the market for pregnancy books. It was written with a tone that appeals to guardian consumers by expressing potential concerns of pregnancy and emphasizing the ways pregnancies could go wrong and the interventions that could possibly stave off these rare conditions. Just as *Baby and Child Care* was perfectly positioned to capture the need previously filled by the Children's Bureau's *Infant Care*, *What to Expect When You're Expecting* has filled the void left by the Bureau's *Prenatal Care*.

While the sources and styles of advice for new parents stayed relatively stable for the second half of the twentieth century, the twenty-first century has already seen significant changes. The internet has allowed for popular consumer-based advice sources to proliferate in many unfiltered and informal ways. Probably the most important of

these is WebMD, an internet-based medical dictionary that allows patients some degree of capacity to diagnose and treat their own injuries and illnesses. The second source of advice taken advantage of by parents are informal and distributed peer networks. The internet has made it cheap and convenient for new parents to break down the isolation of parenting by developing informal networks with other similarly situated parents.

Generally referred to as Mommy Blogging communities, these groups seem poised to transmit the concerns about moral parenting far more effectively than twentieth century books or advertising campaigns ever could. Advice based consumerism harnessing the internet is the new frontier of guardian consumerism.

Chapter three showed how sources of infant nutrition changed due to several significant factors during the twentieth century. Hospitals and physicians in the early twentieth century came to rely upon baby formula. This was especially pronounced for newborns due to medical misunderstanding about the sources of infant infections and diseases. At mid-century, children generally weaned off milk at an extremely early age, and were eating some degree of solid foods by the time they were one month old.

Groups, most prominently the La Leche League built cultural infrastructures to contest the medical consensus and oppose the cultural trends supporting formula usage. They were mostly successful, such that these trends changed during the 1970s and 1980s.

Parents worked to feed their children more breastmilk. However, as mothers ran into obstacles for breastfeeding most eventually gave up and started using formula. Combined with medically driven trends towards waiting to stop feeding babies off of milk/formula until near their second birthdays, this trend has allowed for massive growth for the formula industry. This happened at the same time that hospitals and most medical

professionals started to whole-heartedly embrace breastfeeding and discourage the use of formula. Both sides have persistently attempted to shape American culture to support their case. Both advocates of breastmilk and of formula have accused and caught their opponents using schemes to attempt to manipulate consumers.

It is unlikely that the controversy over infant nutrition will be resolved any time soon. Each side has significant resources and each have defined support structures of guardian consumers. The most likely source of change in the twenty-first century would be for reasons only indirectly related to nutrition. The biggest prospective change that could impact this system is the move towards increased paid parental leave. As companies have used generous policies of paid family leave to attract young workers, the prospect for national family leave has grown. In 2016 both presidential candidates called for some type of support for increased nationwide family leave programs. Any change in when and how new mothers return to work would significantly transform infant nutrition. Without major government intervention, the status quo in nutrition seems likely to continue.

In the 1960s car seats were sold as primarily devices of entertainment, luxury, and convenience. Chapter four argued that after earlier failures, companies managed to harness concerns from consumer activists about motor vehicle safety to transform the infant car seat in the 1970s. As companies learned how profitable selling safety could be, they developed sophisticated systems to increase safety consumption by consumers. Federal regulators have moved at a pace significantly slower than industry, allowing the automobile industry and major manufacturers to drive the marketplace.

In the twenty-first century, development of safety practices has continued. The most tangible change has been in regulatory practice, where states have increased the requirements of how long children must stay in safety seats. Additionally, organizations have learned to prioritize child safety seats. In the years after the September eleventh attacks, confrontations at airports between security staff and parents over installing car seats was a common occurrence. This has mostly ceased, as airport security has learned to accept parents hauling and installing car seats in loading areas. Substantial regulatory overhaul or technological change could always transform the market; however, this element of guardian consumerism appears to be growing reliably. Traffic accidents remain the greatest source of preventable death for babies and young children, bolstering the demand for safety products into the foreseeable future.

Chapter five showed how human genetics during the twentieth century was a topic that sporadically saw guardian consumer activities. However, while these activities were relatively rare, they had exceptionally high stakes. Developments of testing regimes for simple genetic diseases became available, and guardian consumerism has enabled the operation of a few types of screening programs. The development of advanced artificial insemination regimes and IVF technologically enabled a wide variety of social controls over human genetics. However, while there has been consistent press coverage of voluntary efforts to share genetic gifts via schemes like high-IQ sperm banks, prospective parents have consistently shown preferences to avoid making human genetics a consumer marketplace. These prospective parents have proven willing to use only the least obtrusive means possible to address their individualized concerns about their future children. Society did not embrace the cutting edge of medical technology.

Technological innovations in the twenty-first century have continued a familiar trend. As with earlier advances, policymakers, popular culture, and ethicists have increased their expectations of the power and potential of technological advances. Despite these advances, the process of selecting genetic material for a child evolved very little. There are possibilities that this could change in the very near future. The development of the genome editing technology CRISPR in 2015 was hailed by *Science* as the breakthrough of the year, noting that “it’s only slightly hyperbolic to say that if scientists can dream of a genetic manipulation, CRISPR can now make it happen.”¹³⁸

Public policy makers, scientists, ethicists, and historians gathered to discuss concerns about this new technology at a National Academy of Sciences sponsored international summit on human gene editing that took place in December 2015. Universal optimism about the potential of this new technology to shape the future of humanity must overcome abundant caution from scientists and policy makers concerned about the ethics of so sophisticated genetic engineering. Regardless of where the technological limits become in the twenty-first century, the largest hurdle to a more widespread adaption of guardian consumerism over human genetics for the creation of babies will remain an American society that fundamentally wants to reproduce in the natural way or as close to it as is possible.

The four themes covered in this dissertation are not the only twentieth century examples of guardian consumerism in America. Guardian consumer ideas have impacted a wide variety of consumer goods. The same type of morally based advertising that companies used to sell safety has also been used to sell clothing. This trend was

¹³⁸ John Travis, “Making the Cut” *Science* 18 Dec 2015: Vol. 350, Issue 6267, pp. 1456-1457 DOI: 10.1126/science.350.6267.1456

prominent in the first half of the twentieth century. As prices for baby clothing went down and wardrobes increased in size, clothing became less of a matter of guardian consumerism. Some parents still bought clothing out of concern over safety, but the concern greatly diminished over time. Neither government advice nor regulation has been a major factor the types and amounts of clothing parents buy for their children, and corporate advertising has not emphasized buying for the sake of morality.

As clothing was leaving the potential sphere of guardian consumerism, toys entered that sphere. As advances in psychology created understanding of how infants develop cognitively, the correct type of play became a growing concern for parents. Toys and entertainment for babies designed or marketed to foster intellectual development became an important part of the toy marketplace, especially after the 1998 launch and rapid growth of the Baby Einstein company. While it seems unlikely that clothing will have much of a role in guardian consumerism in the twenty-first century, toys are an area that seems likely to grow. Indeed, controversies and lawsuits from the mid-2000s about the effectiveness of toys and advertising claims fit firmly into the contested realm of guardian consumerism.

While there is significant growth potential for guardian consumerism in the twenty-first century, it also faces serious challenges. As a type of moral consumerism, it faces stiff competition from another rising type of moral consumerism in environmental consumerism. Like guardian consumerism, environmentally based consumerism harnesses a moral concern to drive consumer activity. With regards to babies, environmental consumerism has been most clearly seen in the twenty-first century as an intervention in diaper systems. Environmentalists, concerned about the synthetic plastics

in disposable diapers have embraced the reusability of cloth diapers and allowed cloth diapers to regain some of their popularity and market share.

In much of the twentieth century, buying for baby was an action sold to parents for moral justification. This guardian consumerism was never all encompassing, as more traditional consumer motivations such as convenience were still a part of the infant marketplace. It seems likely that in the twenty-first century buying for baby will become an even more complicated system as parents not only purchase to do the right thing for their babies, but also to address a growing list of social concerns.

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